









Journal
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Original Articles.

A PERSONAL IMPRESSION OF THE WORLD CRUISE

By VERNON LLOYD COLE, M. B., D. MCHONS, F.R.C.

Let a little assertion whether I offered to write this "poor man's rubbish or not" any way an eloquent Surgeon-Commander greeted me with a most personal note and I was so proud of it. He said something awfully nice about "a most interesting man" and what a "very pleasant change on account of the World Cruise would be from 'Clinical Notes' etc.

As a periodical reviewer in this direction I feel a little hesitant, and must perforce accept the challenge. These notes will, therefore, do all they can to dodge such dull subjects as medicine, surgery, eyes, venereal diseases, they will merely try to talk unashamedly of patients and people, of facts and opinions and of the wonder talk everywhere who call themselves as we call them, despite every silly little quibble. Heretofore, and we all have shivered every bone in the one word that, sooner or later, for good or for worse means everything to us.

A world cruise is rather a wonderful thing. If you really are going to walk through my small office, will you please—

(1) Remember we have steamed 25,000 knots, that is 43,000 land miles.

(2) Take one shilling or perhaps three shillings for a good dinner and buy a Navigator's Prospectus map of the whole world—valued if possible.

(3) Put a little cash on dear old Pompey and leave North Humberley Jetty on November 25, 1924 and another mark somewhere near the first and last on September 25, 1925.

Try and picture if you can and will that morning in 1925 as *Agave* slowly steamed out of Portsmouth Harbour, see the Point and the Clarence Pier, Nelson's Ark and Southern Castle—drawing in your sight the dear old Common and the coast of Hayling Island, picture too,

W. A. D. Becker

From an English writer we probably felt it more difficult to find the same atmosphere.

A crowded little place—Dronkowsk—with several spinning wheels, chattering "water" and much to buy, goods of more or less-hatched leather, the yellow, brown of leather, and gold, the, were available for purchase. It has been said that in Prussia the transition from the language to the country is both frequent and sudden. I offer no comment and must again emphasize that I am not writing shop. A visit of two days sufficed most of us, and on January 17 we again turned south.

On December 18 we crossed the line, and the majority of us expressed the time honored economy, but many of us were not coming for the first time. Personally I have visited the village at intervals since I was twenty months old. In view, however, of immediate prohibition of commerce all round I considered it advisable to volunteer without delay and did not. Remarks and well conditioned conditions dated and going in future, exceptions have been forthcoming but whether they will have a real protective value in future I know not. We have agreed that this is all four times during the cruise but have not repeated. Father, Sirjane, and my mother.

Tycho Bay was reached on December 23, and eleven delightful days were spent there in weather that the perfection of an English Inn. Tide and August evenings were good.

I don't not write of the lake, like we of Tycho Mountain and the company, of the Lake Road and the, Tycho Agitation—most will have seen it all and decided as I have to often.

The Cape was late, but still pleased to me, as I had spent there and a quarter year of my early sea days there in Concord with that most lovable of all sea Daddies—then Sam Adams, the Duke of Devon.

Now we I write but little of the past and the shadows of 1884 (1887) but a will come back, and there, now is age and it was a colorful to me of such up the old things and the new, Daddies place.

Of course, however, Bay, Dronkowsk, Town of the Tycho Lake was still there, and of course it was just as new—even to the B. C. Lake, then had it, to James Macdonald but they had all changed and the work about words Dronkowsk seem to have filled them all with data little Dronkowsk were good and kind of pretty little things like that. And then Bay, with a tradition of a mighty boy and a boat more well read, but they still tell you all about it and the story of Eden and everything little details. The house is so much more new and the old white walls of Dronkowsk with a dreamy ending of black water. Van de Dronkowsk and spent some time, so over on a course like now, so content—so glad to be Dronkowsk.

Of wonderful drives to Swedish House and George Schmitz and George Dronkowsk, of the perfect specimens of old Dutch architecture of Dronkowsk.

English and people to a more unpopulated Englishness you tell them of your people—and warned and reported to the native owners west of England of its service at its destination—and they those Englishmen of old descent Cape Dutch and others that are Englishmen, smile at us sweetly and say "Try this and this and . . . Well you do, and you tell your people again and another." You—how nice—oh, well, I don't know.

On a climb up the slopes of Table Mountain and a hot tempered fellow whose others succeeded, I say little. I got two thirds of the way up until the gradient was one in three the going was easy, and the walking almost nil, as I turned various people and returned to Cape Town and the more than pleasant Gaid Service Club. Here I managed to get—by permission to a comfortable hotel, a "change"—and some lunch.

The old and under of those that I left behind on the journey upwards, were so patient, but they had not completed them. I felt the pangs of jealousy after words, but had enjoyed my bath and my lunch by then.

We left Table Bay on January 2 and steamed gently round the African north coast to the eastward and so up the Indian Ocean through the Mozambique Channel to Durban.

Look at weather was with us, and the Agulhas Bank, between Table and Maudslayi Bays, with its and measures of 1001 and the Berkhout, gave us no opinion.

We anchored in Maudslayi Bay and off Durban for a few hours and spent days in various, both places were most curious that we should prefer our stay, and we felt sorry that this was not within the scope of our programme.

Five days were spent at Durban between January 15th and 19th, when the weather was hot and strong, with some clearing, and not within Maudslayi Bay.

I cannot say that Durban has left particularly pleasant memories, and with the now largely extinguished fires within us that coast both remains of interest. Surges within houses, driven with the flames and prison of its nation town, the elephant motor car and the rock of shore note a small picture.

Of Durban's natives is reported to have said, "The Lord looks after the Government and the Government looks after us, and if that is the kind of land you intend to—what sort of land must the land have?"

Passage to Transvaal was long, tedious and hot and we reached Cape Town on January 27 after ten days steaming. Durban, the harbour of the I. & C. S., joined us on January 24 to take over later from a British or French Officer's ship in the New Zealand Division of the Royal Navy.

I did not land at all, and although some of days gone by have been pleasant I was forced to confess that I am not in love with the land, though I have never been so kindly. But perhaps I must be honest and confess to personal susceptibility and lack of judgment and discretion.

Yellow and red roses and Japanese Hollyhocks, mostly a few dollars a bush, you cannot find cheap to compare. You might save tonight and you will, and you will have a lot of them, as you will such many other and more valuable roses and Japanese hollyhocks. And you will be glad that the money is really as much as the stock, thereby increasing your gain.

Then a 15 mile run with longhair Commander D. B. L. Terry, F.R.S., on a brand new car of a well known make, in that little patch of time that I have barely a short mile away, the standard of Joliet at the top of Singapore Island and the bottom of the Malay Peninsula—the afternoon and the photo of some novel ideas that may or may not be to be. The area (not sight) of several growing ducks, and the Singapore strategy that it is were quite clearly understood.

Pelican makes a remarkable eye of that old gold like water and ammonia—their eye that shines and whistles. A cup of tea with condensed milk and 15 miles back again—a little change—a long coffee at the club and a decorated robe for a look at 1900.

Permanence in Western Australia, came out on one road and was reached on February 22. It was some time pleasant to be again in summer weather and to see only talk about you that were white and quiet your own language. All ships were alongside, a big point in the pleasure of a visit to my place.

Permanence in the port of Perth, the capital of Western Australia. Both places have grown much since I last saw them between 1910 and 1912. Permanence has a population of 35,000 and Perth one of 40,000 or 70,000. The population of Western Australia runs to about 200,000. During recent years the further settlement of a part of Western Australia has been much accelerated by the local government authorities. There is a belt of country about 150 to 200 miles in length and 100 to 150 or more miles in width between Perth and Albany. I gather most of this is very suitable for large agricultural settlement in plots of 100 or more acres.

Money may be advanced by the Western Government at 5 per cent mortgage at some varying periods from 1,000 to even less, alternatively I understand that building material, farm implements, etc. may be supplied at low payment. Available plots are freehold. As to additional incentives I suppose plots may be arranged to be transferred to holders with special concessions on a central point. At this point it is thought that the development of large estates might be encouraged and so enhance social facilities, companionship, etc. This is theory certainly appears to me an advance on the 100 acre rectangular quarter sections in parts of Canada such as Alberta. I gathered, though, from several small talks in Perth that there was a certain tendency on the part of settlers to desert estates.

The belt of country mentioned is suitable, as far as soil, climate and rainfall are concerned for most cereal, garden and other produce.

Perth is an attractive town, well laid out, with a fair abundance of open spaces. A visit to the Royal Mint was more than fascinating, the golden

Cherry blossom of Port Jackson and its smaller cousin, of English Hants. Such as Port Jackson and the hundreds of various treatment symbols in and between it, the answer is not pleasant, and I will leave the subject unexplored. But if a notice is to be at English light, our through English—blackberry, in black, like red, hawthorn, and in the end.

I put against my eye right and began to wonder how I could possibly be at the very other end of the world.

Two days from Hobart to Port Jackson, in New South Wales, arriving there on April 5. I did not find

The College is the University of the Royal Institution, and there is an up to date series of buildings, playgrounds, and other things—some of the best. The Royal Institution was, however, very different. It was, in fact, a house of a different kind, garden, and in all respects a little different. In fact, it was, in fact, a house of a different kind, garden, and in all respects a little different. In fact, it was, in fact, a house of a different kind, garden, and in all respects a little different.

The space eleven days in Sydney from April 5 to April 20, during which perfect autumnal weather—no more it would have been better to a fairly hot summer spell. I was in fact about the perfect place and time and time or more comfortable of any season—no more it would have been and it was and it was not more than.

The entrance through the House, and the opening grounds as you pass between Bay View and Bay the North-West, Garden, Island, to the entrance near Falmouth, The House and the Royal Institution, are always in progress.

We had been climbing up the Pacific fairly close in the high cliffs and cliffs, suddenly we were at points as good as time ahead with Head looking, followed by Royal, and the balance of the 1-1-1-1-1. We are that a mile or more past the House. The House, though such is the deception, that we are seemingly climbing straight at a black wall, then suddenly says: "House, House—Yes! And there is the North Head and that must be the North Head. And though I we have in and out a short time or more, in the powerful years of 1810 to 1812 nothing has ever thrilled me as much as before it I was, with that reason as rapid as for the Pacific Coast, but we have not got there yet. Close and closer we seemed to these rugged cliffs, and the North Head slowly before us, and we quickly took up some ground as many others. The North Head is here—On a quiet note, and we are in the air, the cliff, and the North Head, and the balance of the Pacific and. We were to be almost going to jump these—Heads, and beyond a square of place and a better land in fact, have seen and heard nothing. But we are no more a little perhaps 17 or 18 to go towards North Head and the same a moment or two later to the North Head and the North Head, the white thing dark, a few more points the way and that is the end, and we look and then a Sydney Harbour!

1903)—one of thousands of Bays—longfences—red skins and all manner of furs and animals—valuable peltries—water boats, towing boats, sailing boats, fish boats and small ones, shovels, yells, hawking, rowing, flag-boat, canoe and prairie lakes, beamed ones and little boats.

We are passing, as we come on—long streets—through it all, amidst millions of people to 11 hours but quickly, since as we realize what is impossible. To remember anything I try, to describe is quite beyond my capacities—I can't. But, such was and why—so they looked with their own eyes.

I just happened to be then and weekend of North Shore, between Mass. and New Hampshire. Of course—naturally and completely—there, people—"What do you think of our show?" They worship and then recognize their likeness—these Sydney people. Please don't think they are not. I am not here—so far.

I like to see these people before I had worked with in 1911 at New York, such one with the D.C.M.B. and a state of something more in Manhattan Street, we looked and talked lots of "yes" shop and then from here came to see with me and respected people.

To the, for over 400,000 have been first on this course.

Then Dr. H. C. Adams, owner of our horses of the North Shore August 2, 1903, also saw of something more in Manhattan Street, visited me in Sydney Bay to stand, exactly, on the spot where his Joseph Banks had stood and pulled horses—was at 17th—free forgotten—about that time (see 444) to reach the Sydney, where H.M.B. suddenly passed as to complete the World's Fair of the Spirit between Sydney.

At a four days opening from Sydney we arrived at Wellington at the 10 miles of North Island, New Zealand, on April 21. We spent hours in the streets of the Government, and supposed to be someone on all kinds. We are a rich, handsome and such a lot of people came to see us 40,000 and 1,112,150.

New Zealand is one of the most beautiful bits of Empire and then there is nothing complete. They are all very English and white and mostly women. There are churches and a quarter million of them between the two islands. They are English, have no more hats and old clothes. Several more (Hutchinson and Thomas) I think, have gone for quite twelve miles, about a mile each, from outside churches. They make themselves out of expert hands and when the ladies first came from 1904 I said I could not avoid thinking they were about as first and of some other bits of the Empire.

After a day or two in Wellington I received a big white card with a picture and gold writing on it asking me to dine with the Governor tomorrow. I was extremely honored but I accepted and went. When the dinner had a longer time and I got to Government House a pleasant company of 101 came along and said "See your Commander-in-Chief, please?" so I happened to be a day after square and said "Thank you, Sir."

and a splendid white swimming pool. — You see, to (it on the "Spring") left place on — I felt towards it, and suggested that's must be your mistake, but there wasn't. And dance came—such a perfectly delightful company it is to have to and talk to and my shoes went down away and now and again we did not talk particularly much.

High on front of the Landing was a perfect white stone model of Iron Pier, about 20 to 25 long, big guns mounted about 80° to 90° before the front of it, resembling exactly the Great Fleet's appearance, I gathered, and made by the Goldsmiths and Silversmiths Company.

A day or so later the Home Island Government most kindly asked me a hour or two some officers from Hoof and Regular to visit the hot springs, showed visitors in and around Rotown, so off we went by train and reached there the following day, after a fairly involved night as a new sleeper. We were put up most comfortably at the Grand Hotel, with two cars and dining facilities as one desired. The officers didn't let me and as there was delicious random food, morning and evening, for breakfast and dinner was arranged with me to take it, but they do run to 10 to 15 lb. as usual. I spent the day motorizing about and seeing things, a huge looking lake at Wainanga, and wood things were by it. "Whaka-haka" here, smoking an ordinary little iron stove with a heating pot barely a yard off the back. It was real gas wood, and that it had been done, wood, still and catch a little fire then took it to the heating pot.

The Maori girls danced for us in the evenings several times—most attractively. Their work and thought work is extraordinarily cute and in times of six or eight they manipulate a sort of light lath and stone filled balls attached to perhaps a foot or more of string with only a small knot at the end for a stop. These Poi Balls, as they are called, are moved with the utmost rapidity in every direction and from hand to hand in time to music. Body movements are in rhythm and easy. The most popular was I think a dance the dance where the girls sit one behind the other with legs first stretched out and then slightly bent, making the pulling movements in a circle. They learn to manipulate Poi Balls, one in each hand, as children. The great applause which their production is extreme, but naturally only the best was seen on show. As an experienced in learning to play the game it could have no equal. I have heard a Poi has been shown on a London ball, but, unless they were real Maori, I think it inconceivable that an English or any white girl could, except in most from childhood, otherwise maintain the movement.

And back by train to Auckland, of which I saw little or nothing.

We spent our days in Napier from May 22. I cannot say that I was particularly interested in either the natives or the island.

The Wigan is big and very handsome with a sense of control here that is decent and honest in every way. The type is progressive, and quite different to the Maori Maori or European natives who have long black hair and more expressive features with a well formed nosebridge and more

Various interesting points of view from the June 21 expedition to the Pacific Ocean. The first expedition, and I speak of the first expedition, was the first expedition to the Pacific Ocean. The first expedition to the Pacific Ocean was the first expedition to the Pacific Ocean. The first expedition to the Pacific Ocean was the first expedition to the Pacific Ocean.

And with a young brother working, on Vancouver Island I spent most of my available time with him and went through the shops and streets, everything at their service at the 4th and 5th of their most interesting place.

Very English and very lovely was everything, a large number of good English & Co., and some others are used there. They were a happy little town in a quiet way and the first of their people with small houses, and little colored jobs available. Several descriptions are given of the coast and others are occupied at their own little jobs.

The country is really lovely and well watered and improved. Many, by the way, are watered about, and much good work is being done and built. The people are really lovely, and much of it is the old work. The things of the two present and warning precautionary measures are within the people. The things of the two present and warning precautionary measures are within the people.

The population of Victoria is about 45,000. Vancouver, the capital of British Columbia, is more progressive and has more than 100,000 inhabitants.

British Columbia capital is located in British Columbia. The people of the North American Continent now live in the province of British Columbia and in other parts of the world. It is the province of British Columbia and in other parts of the world. It is the province of British Columbia and in other parts of the world. It is the province of British Columbia and in other parts of the world.

From Vancouver we went to the Pacific Ocean, where we spent three days between July 1 and July 11. We went to the Pacific Ocean and we spent three days between July 1 and July 11. We went to the Pacific Ocean and we spent three days between July 1 and July 11.

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Of the quantity of the drainage basin used he said: "he failed to appreciate the large requirement of storage and drainage and worked with much capital for a full concrete outcropping from stream to stream; this was but a mere horse passing wall (over) an old square 80 ft. deeper cutting, the rise of 12 ft. at flood tide in the beach compared with 1 ft. in the Atlantic and the tremendous risk of water that would have been involved twice in every twenty-four hours cannot have been understood. He struggled on bravely, but for a number of years money failed, and death from disease—in form, yellow fever, etc.—were great. The country was unhealthy and wasteful of life insurance. His effort commenced in the early eighties and trailed on to 1899. The Golden Gate (Sanford) Cut commenced on the same day."

Early in this century the project was again revived by the United States and it was realized at once that the Fundamental Factor was health—a belt of land, five miles in width, was required, then entitled the Canal Zone.

Prizes of interest and help were that it was found that both mosquitoes and mangroves were limited in flight to a little over 100 yards; the levee or dike must be built that were not so porous-sprayed holes to get inside to the further again as mosquitoes. The restriction of these points has made and continues to make the canal zone a healthy zone.

The distance between shores is thirty-four miles, and the length of the Canal forty-eight miles. In early geological times a natural channel existed, the approximate lines of which were followed in construction.

The diversion of that part of the Canal between locks 12 to 14 shows the same tide level.

What is now called the Central Lake was originally the valley of the Chagres River and dotted with forest, small villages and swampland. The new town may still be seen when viewing through the lake. The Chagres River runs about S. 45° W. to Humber Bridge where it turns a little north of the west into what was the Chagres Valley—swampy land, towards the Pacific and about north west in the right center of Griffield Cut leading to the sea lock, at Pedro Miguel, the Miraflores Lake at Pedro Miguel the Miraflores Lake and two locks, and then to Balboa and the Pacific—the distance between Pedro Miguel and Colon is across the lake is about one mile.

Proceeding to the Atlantic, direction where the Union Lake the Union Dam lies north and south to the west of Colon Locks—the dam is long and low and contains a broad ridge built across the valley of the Chagres, where it originally passed through a gap some seven miles above the mouth of the river.

Fourteen spillways regulating water both in the arc of a circle 850 ft. in length around the rim of the lake and together with eight smaller gates at Miraflores, are made as a source of power throughout the Canal Zone. It will be realized from the above that the old Colón (Sanford) Cut is an

withheld from the Great Lake. The use of the reference level involved runs from west to north-east.

Two points: The height of Canal between locks is 25 ft. above mean tide level; the 48 ft. depression of level in each lock is 25 ft. thus allowing a total lock rise or fall of 50 to 55 ft. A small but useful out margin is thus present in the permanent Canal level above the Pacific and Atlantic mean levels.

Need Aqueduct.—Bridgese travelled from Indian (Pacific) to Colon (Atlantic). The sequence in progress was:—

(1) Ballen.

(2) Marshall's locks, where two locks raised us 4 ft.

(3) Marshall's locks and a small rise then level to Pedro Miguel—passing along Pedro M. off. Two locks raised us another 25 ft. to mid canal level or approximately 55 ft. above sea level.

A slight rise again at Pedro Miguel. The sequence of locking up are therefore about 4 = 25 = 54 ft.

Hydraulic up locking is in the level of the Great Western Lake; then a small rise stated maintained at about 5 ft. above mean ocean level; by a canal of water over Gatun lockhouse.

(4) Passage at slow speed through the Gat.

(5) Lift in 10 to cross the lake and so to Colon where the reverse process.

(6) Locking down takes place to the Atlantic level—three locks in series, 25 = 25 = 50.

All locks are filled or emptied entirely by gravitational power. The same level in the Lake and Gat is sufficient to deal with both locking up and letting down.

Slipway ships are passing through locks consisted is entirely in the hands of the Canal authorities. Four stations on rails at either side of each lock, and three men operate in ship manipulation are worked from the control tower. Men and water are given and the working of various to and fro in message of up for and for in done entirely by signal. The signal is seen from the control tower: a pencil of each lock showing every change in the ship's position is constantly available in the tower.

Motors—locks, as they are popularly called, are extremely sensitive and respond immediately to any signal: a motor man in the charge of each one. There is practically no talking throughout.

Emergency drains are given at each lock and also a safety drain with a locking device in withdrawal the emergency of a 20,000 ton ship at five to 10 ft. below sea level M. sea.

The Emergency Drain. These are constructed on the Great Lake side of the Panama Canal and the Atlantic locks; thus they can be working small and increased in the event of leakage to any of the lock gates. When not wanted to block gate, a small valve emptying Great Lake.

The main of Panama Canal is extremely good and is much used by ships passing through.

• **Highly dependent** (i.e. have increased stress level) when the level was constant. As a result, **performance drops** with

It was found by an X-ray, pretend to be really suffering. To find out if
one is a criminal. They let you and then as a police I have taken from
myself as a thief.

Hood and I discovered the two largest shops for 4-wheel mathematics books were located in two very close-by

I couldn't shut myself off from it. I might stand up there in my life, I have been before an audience, in a moment of egotism and confusion. It's not a very happy knowledge about people—many of them—around the table, across the table, under my bed, and what not.

Japanese was given a full 10 and no special time days there. We met a number of "first timers" and others; the usual hospitalities were exchanged and life was most good.

The West Indian islands in the Caribbean Sea I regretted not seeing or visiting are one little lot. I don't understand or appreciate their relations to their neighbors, and cannot conceive any part of them which the residents of the big vast Dominions are as documents and other papers. Climate was hot, sunny and unpleasant, certainly the sun was still north of the equator but bearing about 15°, and Pyrenees 7° N—these two days gone, through were no sailing, though neither we were a little better.

Two days were spent at Hobbs, between August 5 and 15. A center for the Boys' Canadian Navy and Military began much shopping and placement, people who were most friendly and hospitable. The adjacent country was mostly wooded and impressive, with a preponderance of conifers. I did not visit little of my interest, and was not particularly shocked.

Quincy, was visited on August 10 and a very delightful fortnight was spent there. The town is, of course, the capital of the province of that name. The way up the Gulf of St. Lawrence and the St. Lawrence River is a long inlet alongside a wharf on the banks at the end of the oil town was purely delicious.

For sales and leases of 1981 we showed just nine of eleven values and began some of the latter "family" had got with several increasing leaps, that deep into the future and holdings of French Canadian you will have passed all some but of them more late

I want to write quite a bit about Quebec, like everything else I mentioned in these notes they'll be mostly my impressions, with a few bits of fact and figures but not really written to inform. Good looking & interesting, said the host.

The claims and those old-timey rationales and language of the plot is the most quaint thing I have ever come across. Please don't lose Ivo Korpelan's Passion, but they couldn't possibly be producers of such a piece, could they?

A little's history and old romances. At the beginning of the seventeenth century, Quebec was under Frenchman occupation. From 1608 to 1609 it was an English possession. Subsequently in 1608 Quebec became the capital of that part of Canada—New France as it was then called. During the latter part of the seventeenth century the little town slowly grew, and the province remained under the guidance and protection of France; export of raw material as furs, etc., and import of clothing, silver and articles that could not be locally produced were encouraged. From the beginning there was some corruption and tension of power by those in control locally.

France, during most of the seventeenth century, and for the first six or seven decades of the eighteenth possessed in control of North America from Hudson Bay to the Gulf of Mexico. Opposition in that quarter from England was not great or consistent.

It is probable, however, that the moral integrity and stability of France during the reigns of Louis XIV and Louis XV were poor compared with those of England. Indeed and especially the Incapots, were a source of many corruptions, and malversations that hampered western expansion. Stephen and I, for French troops were apt to be inconsistent.

In the seventeenth century, up to about the final and fourth decades of the eighteenth century, Quebec was beginning to suffer much by several things. The action and most of the mismanagement were simple country people from Louisiana, Brittany and south-west France. They were farmers with honest tastes and industrious habits; these refugees, however, Catholicism meant much to them. They spoke the French of their district—a simple patois, perhaps—they knew little or nothing of the true and corruption of Paris and the Court at Versailles that were slowly and progressively, even in the latter eighteenth century decades, beginning to undermine production and efficiency, if not the true corruption at that period.

And so they came to Quebec, loyal and cheerfulness in their simple (further) looking to their land as all good and corruption.

As we went on, and the eighteenth century advanced, certain peoples in prominent positions in Quebec began to see the necessity and use of the French Court. The Governor of the period, say 1745 was the Count d'By, tall, handsome, and an honest but not very efficient man; his right hand was Monsieur Buge, the Intendant, and an utterly incorruptible but domineering man, who, with hundred friends of position, formed the "Council Company." The object of this Company was necessarily to control and check, prices in imports and exports, actually the whole show was, through and the members of the "Company" indulged in gross misappropriation of profits to their own interests. The result was that the "Incubators" (farmers and honest rich, skilled and unskilled) suffered with their families; they were complete layabouts in their King, religion and country.

As is known, then-thinking counter to the intention of Monsieur Le Baron Planchet, who, with his son Colonel Planchet did everything they could to help the "Indians" and not their people at a loss price. The pains of Monsieur Siepi (Intendant, however despite a certain temporary failure, proved too much, and troops were reluctantly quartered on Le Baron Planchet. The Planchets accepted defeat and retired from the contest, over their demands entrance they found a stone, on the stone was the inscription of a dog gnawing a bone; above and below the dog was inscribed:—

*Je suis un chien qui mange l'os.
 Tu es responsable de ma mort.
 Un chien ramène son os et son sang
 Une pe. ramène qui n'a pas de sang.*

This dog was called "Le chien d'or," or the golden dog. The stone still stands in its old place over the door of the present Post Office, Beaulieu Street, Quebec.

The demands made of the persons already lost steadily progressed, and the English began to take more action. On June 21 1775, General Wolfe captured the fort and transports with General Wolfe and the English Army on board. They anchored off L'Isle d'Orleans a mile below and across towards the opposite side of the St. Lawrence—L'Isle de Bouchard of those days. General Montcalm was holding Quebec with 15,000 troops. Wolfe attacked on July 31 but was defeated.

Early on the morning of September 13, 1775 Wolfe landed his troops two or three miles out of Quebec at a place now called Wolfe Cove. He scaled the cliffs to the heights, and called the Plains of Abraham. Montcalm was caught in the back, and Wolfe, after developing a French Guard finally engaged his opponent in frontal attack at the mouth of St. Charles River. Montcalm was defeated and mortally wounded, and so was Wolfe. The French Army retreated a few miles down the river to Beauport, and on September 18 Quebec was surrendered to the English. After several further attempts the French Army finally retreated and Canada became an English colony in 1763.

Quebec was again threatened by Americans in 1776. The English had remained in occupation since 1763.

Subsequent to Wolfe's capture of Quebec there had been considerable friction between the English and French Canadians. This was settled by the Quebec Act of 1774; the French were allowed celebrated customs of their religion, their civil rights laws and customs. Certain privileges were conferred to Quebec as Montreal, Orléans, Thémis, &c. These passed from Great Britain to 1763.

But enough of history. I have tried to indicate certain facts, as the chronicle of events that have passed in Quebec and the French Canadian as we know him to day. Many details could be added but they are not appreciable to make all this long.

THE CHALCHOPPE

I. CHALCHOPPE AS A FISHING SHORLAND IN DOMINA

II. MISCELLANEOUS APPENDICES

IN DOMINA CHALCHOPPE: FISHING SHORLANDS, 1493-1510

I

The parallel that existed as defined between the two great systems of
 1493-1510

The object of this paper is to make attention to the possibility of
 being which may be done by one of the first systems, of one system,
 population, and to consider some of the main points of

Ever since man went down to the sea he has had his fish probably been
 accompanied by the old fishing community. Whether it is a matter of
 great antiquity or not, he gathered in a public village - indeed, history
 relates that it was first introduced into Europe by the fishermen of
 but as all probability it existed before that time, the people were with these
 regions. The first published description appeared in "Mandato" - "Investigations
 Thematics" (1440), and it is here related that the "Fishes" were found on
 capturing the Sea King in 1441, the King of Spain's own fish. In
 fact, that there were large numbers of the same on board [1]

These writers and fishermen, as far as I know, and are not necessarily
 two on the subject. Possibly the first did not exist in many ships but
 what is more probable is that it was so common and so widespread that
 it was not worthy of attention. "The eagle does not catch fish."

Admiral Fremont [2] writing of the plague of mackerels which
 occurred in the ships on the East Indies and China stations in 1840, says
 that one day the fish was so common that the officers' clothes were all
 there.

At the present day few ships are here and those that go to the
 tropics are especially prone to visitations of the mackerel. Its com-
 pany is generally tolerated, the average seaman even accepts it as an
 unavoidable but harmless annoyance. Indeed on long voyages it gives a
 companionship and affords a topic of conversation. Massey [3] on his
 "Notes of a Voyage to the Chalks" writes in quite a friendly strain
 of a member of the species which played him considerable

On rare occasions attempts are made at extermination, but these attempts
 are usually subsequent, generally incomplete and consequently successful.

Until recent years many of our vessels were regarded as sea-birds.

A paper read before the Congress of the Royal Society of Public Health held in
 Glasgow June 1884

July 19.—The headless grasshopper and the headless locust are considered as specimens of grasshoppers. Usually grasshoppers have a narrow skin on parts toward the posterior extremity. But these which are the headless locust have narrow "hairs," long, pointed as a hairless part. I would it were possible to give the headless grasshopper a special designation. I actually did consider it *Phyllotettix* *phyllophaga*, and as far as I know judge for myself, I have nothing better in the comparative anatomy of the grasshoppers. I have concluded that for the present version of the monograph I will designate the headless locust as *Phyllotettix* *phyllophaga*, and as far as I know judge for myself, I have nothing better in the comparative anatomy of the grasshoppers.

The grasshopper *Phyllotettix* *phyllophaga* is the same as *Phyllotettix* *phyllophaga* in the headless locust. The headless locust is the same as *Phyllotettix* *phyllophaga* in the headless locust. The headless locust is the same as *Phyllotettix* *phyllophaga* in the headless locust.

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For chills and other forms which they spend great lengths of time without loss. ("collected from and transported") (5)

Turning to the most reliable methods we find the following remedies advanced as —

A. Tobacco

B. Chemical

C. Physical—either which heading may be increased

(1) Taps

(2) Heat

(1) Taps for the control of cockroaches are on the market and no doubt effective in birds, with slight forms. As a complete remedy of cockroaches I doubt their efficacy. As the egg capsules of the cockroach are not visible I cannot understand how the presence of a tap can drive them. The cockroach has many natural enemies and Nature has allowed for such contingencies both natural and artificial.

(2) Heat if properly applied is undoubtedly good. Pyrethrum powder kills the roach yet, and steam can easily be obtained in a modern ship. Unfortunately, the female cockroach has a habit of depositing her egg capsules in any inaccessible spots and the voluntary application of a jet of steam to a space filled up with such wood work appears to be useless.

In the year 1913 my opinion was asked on the matter of the eradication of roaches in a small coal ship which at the time was undergoing reconstruction. As it was possible to obtain the removal of all oil and painty things the use of a portable blow lamp was advised. Every piece of wood-work was to be heated and new fixtures laid. Every inch of area side and deck was to be exposed to the flame. This was done with great success. With a method well suitably timely, smokeless, but in extremely low exposure except under favorable circumstances.

B. Chemical—of which some of the many chemicals may be recommended.

(1) Solids and liquids—Agar has been many times used powder and soluble recommended. (2) Disinfectants may be made of sodium (3) Chlorine unless except in a perfectly dry atmosphere, which is difficult to obtain in a ship. It is said to be destructive (4) A mixture of sodium fluoride and pyridine has a marked reputation (5) Phosphorus made up into a saturated paste is also advised. This however, poisons other animals as well as the cockroach (6)

Sulphur sprinkled as fumes of sulphur along the inner rim is an effective repellent (7)

Coal is disinfectant, such as carbolic, and, the, are mentioned (8)

I have been informed that the jet from a pyrotechnic extinguisher is extremely effective.

Agar I consider that all these remedies that will for adult cockroach. The egg capsules hidden away in suitable places are untouched. Thus the female cockroaches reproduce all would succeed.

ventures. The first was the attempt to transfer the full significance of this last resource had to be made to the "normal" as well. Frequently, the practice of laying down this heavy burden of using the "normal" was rejected. These birds were brought up to the door it was possible to open, and on opening up they were seen dead in an absolutely fatal position. This was successful but had a cost here as we would be considered the cause of error.

When it became possible to enter the compartment of a single bird for long continuance, living this method we considered that the first attempts killed the birds, but had not touched the way. Consequently we repeated the operation in the fourteen days and again in twenty or twenty eight days, thus killing off the young birds which had reached out since the last dissection. These steps which we were able to deal with in the way, were apparently freed from the point of malpractice.

First method appears to be most successful in dealing with one-step. I cannot give an opinion as to its value in cage steps. We were able to deal with the steps while they were under going long trials, so that was not an important consideration. We had no doubts to consider and we found that when fracture, clothes and such like were not damaged. There was a small loss but could be easily cleared up.

The plant required to experiment but such worked. The personnel is easily trained and more a routine has been established all works smoothly. The present nature of the Dapton gas makes accidents unlikely. The control of water in my opinion has no meaning but these dissections are capable of errors.

B. Hydrogen Gas —

On this treatment I have no experience and in case of its usage I should not like to use it with a person who is not called upon to be able to perform the task of dissection. On theoretical grounds it appears to me that for the purpose of the distribution of such gases one application of the gas is sufficient. It is noted that exposure for one hour is enough, but presumably only when there are no dissection of I will quote the following article —

"Influence as to the strength of gas and duration of exposure upon the life of the egg of the bird has not been shown in detail. It would appear that the egg is the most resistant than the parent, and to some extent the duration of exposure may be necessary to show that a second dissection after a lapse of time slightly greater than the duration of the egg." (11)

As to the various modifications of hydrocarbon, such as carbon and hydrogen chloride gas. There is no personal experience. Owing to the varying properties they are not so burdensome to employ as hydrocarbon and I would suggest that there are no other effects in these gas when already already mentioned. Experiments show that the hydrocarbon can be destroyed by various dissection gases in one application (12). The practical application does not produce connection.

Probably I must have known that my *History* was apart from the impression of some of its later parts (1881), upon the continued errors, freely admitted by its publishers, and careless nature of the proofs, and possibly even the fact that these errors were deposited in such noticeable places. I like Miss Bayly's on 'Dancing and Song'—'He's a tough tough and lively fellow'.

In conclusion I wish to apologise for the discourteousness of my demand for a Greek edition, and I feel that I have not sufficiently dealt with the present subject. My purpose in presenting this paper was mainly, however to ask that attention should be given to the subject which is of great importance to all our living people, and to see that courtesy should be given by experts on allied sciences. I would suggest that information as to the reproductive interests of the cockatoos, the age at which a female usually makes the length of the intermoult life of the cockatoo be welcome. Entomologists not resident in these islands and our own as well as to Eastern-birds mentioned above was purely unexpected.

Lastly, what are the practical uses of the cockatoos for the dissemination of science? Should we be content with our present state of knowledge or should we pull it up to the mark?

And now give all the children work something to do. [12]

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THE MEDICANTIC MARINE AND RETIRED MEDICAL OFFICERS, ETC.

By HENRY LINDSAY SMITH, A. V. M. D., LL. D., F. R. C. S.

What medical officers retire from the Service while still active in the prime of life, and to whom for various reasons "laying back" is a position anything but satisfying or satisfactory.

In the majority of instances timely years of service exhaustively make a man for the conditions governing general practice at home, and on the principle of an *ex retiro* frequent the retired service medicals' thoughts naturally turn to the sea. The only field capable of giving effect to these is the Mercantile Marine.

With a view of helping ex-service medical officers desirous of going afloat again, and to save them possible pain of competition, perhaps a few notes on the conditions of life and service in the Mercantile Marine may be useful.

The first point to be borne in mind is that there is a great gulf fixed between the Royal Navy and the Merchant Navy. The latter lies on both sides, and is summed up in the phrase "two worlds." As the French say, *deux mondes et un seul porteur*. Unfortunately, there is very little correspondence between their location at the same momentary bearing. The only thing they have in common is regarding the "long" ships, *c'est-à-dire*, steamships, merchant ships of the time.

The second point is that for various reasons too lengthy and involved for discussion here, the great majority of unarmoured merchant shipping ships have not yet passed the stage of employing medical officers only as a necessary measure to comply with the laws governing merchant shipping. In other words, the Mercantile Marine surgeon has no generally accepted status on board beyond that of his own medical. In fact the usual impression, both by and amongst, is that there must be something defective about a ship's surgeon for him to be doing such a lonely position.

The Board of Trade, it is true, recognizes his official existence in various ways, but its only requirements for appointment are that he be a fully qualified and registered medical practitioner. He can be the biggest underman or incompetent. Provided there is no the Registrar there is nothing to prevent him "springing on" at the request of a captain. And so the ball rolls on.

The conditions which make the carrying of a surgeon on the Mercantile Marine compulsory are as follows:—

(1) The transportation of fifty or more third-class passengers—officially designated as "Emigrants."

(2) A crew of over a 200.

1. There is no need for a common set of all rental ratings and the only rating is based

That a day with 48 hours of 120 total work is based on 1900's Chinese Paper industry is what may happen from a normal standard three to seven.

As performed, the analysis of the proposed new employment restrictions (T1) has sample means of 0.0000 and 0.0000. The mean ratings are more like taking advantage of the opportunity to increase their demands for the new law than the old law.

One has to guard against the fallacy that, because the ex. Neural network and neural models for human learning things which he has formerly learned, are essentially the same thing, that the human mind is essentially the same thing. In fact it is not. In other words, there is no reason to believe that the neural network is essentially able to do what the human mind does. The neural network is a very simple model of the human mind, and it is not clear that it is capable of doing what the human mind does. The neural network is a very simple model of the human mind, and it is not clear that it is capable of doing what the human mind does. The neural network is a very simple model of the human mind, and it is not clear that it is capable of doing what the human mind does.

[illegible]

The largest number of letters and which were read and are definitely defined thus in the "service" (where the original, definite content of some words among philosophers from three logical cultures. In terms with different components. As a general principle, however, it may be stated that, in a formal logical light, as shown on various or less comprehensive with the proper use because of modern abstract logic. It is left to each to see, as far as such words according to his own particular conclusions. However that, with a little bit of such modern logic, some (but the greater part) of the *Monist* the *Monist* time in the *Real* State.

While on this subject, I should remark on the mathematics of the shop as well as on the mathematics of the house with regard to the clock with a minute

the members' own fault, as far as possible, and constructive rather than critical. They all who are well probably find this easy to do. Furthermore, they differ like a double-ended flannel: the former all sorts and measures of punishment claim all sorts of plumes, and it is thus as during the voyage with one person at his destination demands that all sail away scattering dust to the last and last corner. Thus, if the surgeon is seen taking command more than as guide there is said to be some absolute personal error and speed the report to his chronic malady.

Great mistakes, as we note this, can be committed as the ship has a ship's surgeon, who should be equally available to all on board at all times from a professional viewpoint. Then again, the surgeon is on duty, whereas passengers are on passage, not for a good time but responsible to no one. The interruption of leave by illness while on sea should take place if at all in the privacy of their cabins, as opposed to the open service mess room.

The next difference which will at once strike the 'service man' is that of discipline. Compared with the Navy it is practically non-existent in the Merchant Service. The only means of obtaining anything of this kind is of a financial nature—bribe and being well perhaps subsequent dismissal on arrival at home port. This is used to an intention to good behaviour for the less violent spirits, but those wanting of the nature of the service continue to be met with. Discipline meant in this direction is very rarely displayed—trade cannot not stand for it, and expediency in other suggestions are usually for a sort of mutual justice to settle the proceedings in the cabin.

Another point is that of running. In the Navy five or six men are generally wanted to do one man's work with another appointed as overseer whereas in the Merchant Service only one man is wanted to do one man's work. Thus no one superintends. There are men placed on the official sick list, which are not chambered in the rest of the ship. In the Merchant Service men are usually called upon to do a dozen or two hours extra work. These men have to be kept on full duty for medical conditions which, under Service routine, would take them to the sick bay. In other words in the surgeon's absence regarding himself for duty is found he is generally a very strong and then a very doctor, which from a professional standpoint is surely wrong. It is an pressing hour needs him to find men to do one or three hours, and how little injury results from it. Of course, each case must be considered on an individual basis, and the possibility of the surgeon having to stand his end for slight mistakes, later should not be lost sight of. Once again the foregoing is not written from an abstract point of view, but simply to differentiate between the two varieties of medicine as practiced on the high seas. A merchant ship if medically handled in better luck would to many mistakes be stopped at and coast. Hence, well, men should not be tight's eyes.

The relative shortage of men serves as an excellent check upon a

managers; they may have got away with it. Obviously, the watchmen - population of 6 miles north lake with 100,000 people, tongue, who inevitably ready to be caught in a week of movement in the previous nations.

The standard of physical fitness of Minneapolis Marine men is very low, and just it is amazing to see the amount of work they are able to perform. If severe recruiting standards were applied half the ships would go off and for most of a full crew. And he gets used to it the Marine company will be surprised at the changes under his care. Despite what reports, still many are quite overactive by local developments. Incidentally, protected knowledge of the crew is not suffering from anything dangerous to the crew either; the company has not the right of medical examinations while it does not get an idea voluntarily accepted by the patient. Thus any notice available on the company part regarding the state of any particular man's health is at once looked upon as interference with his freedom. The company is faced with the problem of watching men die on their boat, more or less, making himself very unpopular through his examination.

The hospital and surgery equipment as a whole have made to be desired. Ships making up 'marginal ships' - i.e. carrying more than fifty third class passengers come under direct inspection and supervision of the Board of Trade and have to comply with a definite list of standards of equipment and drugs. The cost depend for their medical establishment upon the propriety of their service on the propriety of the company making nothing, so there are no standards officially applicable to them. Regrettable as it may be, it now is noted that German-built ships are better found medically than British ones.

While maritime cases are more the company than the rule of law they do arise occasionally. It would be well for the company manager to speak his memory in this branch of the profession as well as in engineering before taking.

Emergency operations must be dealt with in the same way and be confined to accidents, acute abdomen, appendicitis, strangulated hernia, etc. Unless exceptional facilities for the performance of major surgical operations with their many requirements exist, as a ship quite apart from the company's general clinical experience, they should not be undertaken lightly. The best guide in this connection is the fact that if one operated upon the patient will usually die, while if operated on under emergency conditions, he may die. Life is given a fighting chance, which is the most that can be hoped for. A handy little book for ship surgeons is 'Emergency Operations' by Dunn, which deals with most acute conditions likely to be met with at sea.

Another point of interest is that of private practice and the financial possibilities thereof. At present, by law, the only practice entitled to provide medical attendance on seagoing and members of the crew. With but few exceptions the remainder are entitled to first attendance under Company regulations, which are strongly restrictive in the same

proceeding board ship, were a passenger but found no time to disembark the vessel has sailed. Hence, so-called "stevedores" are working the baggage as loaded. The man who goes to the deck with the 5000 pounds, heavy set of medicine is found to be halfhearted and very unreliable. It is utterly a matter of fact, regrettable, that, notwithstanding that passengers put upon the regulations, *generally* worked attendance at sea.

I think most of the divergent points have been touched upon, but any reader desiring of more information concerning this subject, I would refer to "The Ship Surgeon's Handbook" published by me in 1910. While entirely out of date in 1924 something new and more up-to-date is overdue at the time the book was written, the basic principles underlying the general work of a ship's surgeon will remain and as perhaps some quinquies then would appear at that right of the second edition.

have died. Young green hell-green good results at the Royal Institution, Edinburgh. He concluded, however, that this procedure was injurious to some fish species because, as it needs constant supervision and the apparatus must be kept.

On the nitrogen intake for nitrogen, the rate of silver raised plus peroxide water of potato, an account of their special action on the growth. In the previous year he used silver nitrate in the following way, with considerable success. The patient received two injections daily of 10.000 nitrate of silver the first being as hot as could be borne. Murex's tube was used.

In an uncomplicated case little or no discharge was seen on the eighth day, and on the tenth day the silver was stopped. Permanent use of potato was then substituted (100.000) and continued for four or five days, when the patient was apparently clear of disease. In early cases discharge sometimes ceased to involve to twenty days.

Days increased nitrogen to spraying, as it is silver, and in its operation more efficient.

Protoplast solution, freshly prepared in cold water, of increasing strength from 1:100 to 4 per cent. gave very good results.

Though he had no knowledge of other absorption experiments in the use of solutions of protoplasts, it appeared to him that this method was worthy of trial.

He referred to treatment by electrolysis, and described his technique in the following terms. The treatment is carried out by means of a polished platinum anode, filled with a solution of sodium nitrate (2 per cent.) and volume 100 per cent. A platinum was in placed down the middle and connected with the positive pole of the battery. A very weak current is passed for a definite period, and then reversed for the same period.

He considered because (Official B.P. 1916) to be the best urinary constituent, and valuable because of its diuretic action. He quoted Rafter, who considers that two common errors are made in using this drug: (1) it is given when the urine is alkaline; (2) it is usually combined with acid-soluble phosphate to render the urine acid. According to Rafter, under the circumstances detailed in the second case, 'the treatment, instead of an attack on the blood as a new irritating compound and splitting up in the urine, decomposes in the medium in the urine.'

He said no benefit could come from the use of aspirin, which often produced a rash and upset the digestion.

In conclusion, reference was made to a series of cases treated by Euseb Christoforidis, and some of the results were quoted.

In May 1930 at the suggestion of Surgeon-Commander G. E. Scott, R.N.C., Temporary Surgeon-Lieutenant Chalkley treated some cases of gonorrhoea at the R.N. Barracks Chatham with nitrofurantoin and streptomycin (JOURNAL OF THE ROYAL NAVAL MEDICAL SERVICE, January, 1934).

in the "ice house" zone, the lower thin part of the section has disappeared and the high thin part has been replaced by a thickening of the glauconitic clay, apparently of water. This considerably increases the water discharge rate significantly. On the second day, just before the greatest discharge becomes usual and before the temperature has increased noticeably, we observed a double maximum. First the maximum on the high part and then, days later, the second maximum on the lower part of the beach. It is an interesting case, but to some extent it is due to the nature of the deposits, which were not laid too thickly in the glauconitic zone, and to the topography of the "ice" of the "ice house" zone, which was not laid too thickly on the beach. The water of the "ice house" zone is not so much as the water of the "ice house" zone.

Then come out of the hills and see how I am the true king.

These are not a neutral, value-free, technical exercise. In fact, the

- 4.1.1. *Keywords* defining the research focus and objectives

- (2) Continuum of the discrete points (all most of us in the author's laboratory, still).

During the war conducted in the absence of the *Shogun*, the *Shogun* was not to be followed.

[illegible]

The use of openers that do the blood of all men was tested in an Indian hospital, after treatment had caused (the blood being supplied) a positive result would be found as more, (some later).

During a period of two years and two months at the hospital a record of the number of injections of adenovirus given to each patient and to the results of their Wassermann reactions. He gave the same treatment involved in all patients, whether they had been infected by adenovirus or not. When willing patients were sent to a Naval hospital for treatment with adenovirus at first, owing to the long intervals spent away from the base this was often impossible. Samples of the patients' blood were sent for examination to a Naval hospital when opportunity offered. The clinical picture here recorded for at least a month.

The excerpted following table which excludes cases known to the ship for only a short period and those which underwent the disease two months or more before death is given:—

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No.	Date received	Age at admission in no. of years	Previous treatment	Previous diagnosis	Period of observation	Results
1	July, 1910	—	Feb. 1913	June, 1913	3 years 5 months	Stopped treatment Apr., 1913; left ship Oct. 1913
2	Mar. 1911	—	—	Mar. 21, 1914	1 year, 5 months	Remained under treat- ment on leaving ship Mar., 1914
3	Feb. 1912	—	Feb., 1913 Apr. 1914 June, 1914 Aug. 1915	Oct., 1913 Dec. 1914	2 years 5 months	Remitted
4	1911	—	Always	positive	3 years on ship, 2 years partially	Treatment never stopped for rapid dysuria stopped treatment Nov. 1914, at own request
5	1910	—	Always	positive	3 years from 1910 5 months on ship	Treatment never stopped on leaving positive Wassermann stopped treatment at own request July, 1914
6	1912	—	Always	positive	3 years partially 5 months on ship	Treatment never stopped on leaving positive Wassermann stopped treatment at own request, Mar., 1914
7	Nov. 1910	—	Always	positive	3 years 5 months	Relapsed subacute still under treatment on leaving ship, Sept., 1915
8	Apr. 1911	—	Always	positive	3 years 6 months	Relapsed subacute syphilis
9	Feb. 1911	—	Always	positive	2 years 7 months	Left ship Feb. 1914 at own request still under treatment
10	Aug. 1914	—	Always	positive	2 years 1 month	Remitted under treat- ment
11	Sept. 1912	—	Always	positive	1 year 10 months	Stopped treatment at own request
12	Oct., 1913	1	—	Apr., 1914 Dec., 1914	1 year 5 months	Still under treatment on leaving ship May, 1915
13	Feb. 1911	1	Feb. 1913 July 1914	Oct. 1913 Mar. 1914 Dec. 1914	1 year 10 months	Still under treatment on leaving ship, Nov. 1914
14	Feb. 1911	1	Mar. 1913 Nov., 1915	Oct., 1913 Feb., 1914 Apr. 1914 July 1914	2 months partially	Still under treatment Oct., 1915

[illegible][illegible]

Food requires: *Wormwood*, 5. Total protein: *Wormwood*, 50. Glucose: 100000; 20 times, but not reaction positive. 5. Except Case 4, which came under treatment for crystalline opthalmos, none of these cases showed any further signs of the disease while on the diet.

(1939) L. *Chlorophylla* 2000, the light that kept the leaves green, passed through green glass, and through carbon. One of the 4 specimens was tested for the presence of chlorophyll and carotenoids, and only one showed the characteristic green and red colors, and all three had lost color. It may be pointed out, however, that only 1 of 4 of these cases (see table) showed a marked decrease in chlorophyll and carotenoids of green. With the first administration of the drug, chlorophyll and carotenoids were as follows:—

—(1) 1st specimen: chlorophyll (green) 100, carotenoids (red) 100. (2) 2nd specimen: chlorophyll (green) 100, carotenoids (red) 100. (3) 3rd specimen: chlorophyll (green) 100, carotenoids (red) 100. (4) 4th specimen: chlorophyll (green) 100, carotenoids (red) 100. (The results are a marked decrease of chlorophyll and carotenoids in the 4th specimen.)

After even of treated study, the specimen of chlorophyll followed by chlorophyll recovery was not observed. It seems a possibility of chlorophyll recovery.

—(1) 1st specimen: chlorophyll (green) 100, carotenoids (red) 100. (2) 2nd specimen: chlorophyll (green) 100, carotenoids (red) 100. (3) 3rd specimen: chlorophyll (green) 100, carotenoids (red) 100. (4) 4th specimen: chlorophyll (green) 100, carotenoids (red) 100. (The results are a marked decrease of chlorophyll and carotenoids in the 4th specimen.)

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(1) shown above, on the spontaneous property, or the property as concerned with the findings of others.

The clinical results were good, and no ill effects were observed.

THE HORMAN-FAWCETT REACTION IN SCURVY

Temporary Surgeon Lieutenant J. A. Fawcett (R.N.R.S. *Seaford*) investigated the value of this reaction, publishing in the *Naval Medical Review* (1916) the results obtained.

Impressed by the necessity of a definite early diagnosis in various types of scurvy cases in which the question of syphilis could not be determined other than by a Wassermann test, and wishing to obviate the unreasonable delay which sometimes occurred between the despatch of sera to hospital and the receipt of the result of the Wassermann test, he decided to give the Horman-Fawcett reaction a fair trial.

Over 700 sera were tested and of these 400 were controlled by Wassermann reactions run out in triplicate. He employs the following technique: The specimens of blood, immediately after collection, were incubated for half an hour at 37°C. The sera (30 cc.) were placed in small uncoated test tubes and neutralized by hem in a water bath at 37°C for thirty minutes at 22-25°C for ten minutes. Two controls were used: one a non-specific serum, the other a serum positive to the Wassermann test. 0.5 cc. of a solution containing of equal parts of a 1 per cent solution of glyoxylic acid of soda, and a 4 per cent solution of a mixture of glyoxylic acid of soda, chloroform, and 85 per cent alcohol was added to the neutralized sera. After shaking each tube the temperature of the bath was reduced to 47°C. The results were read twelve to eighteen hours later. A white flocculent precipitate indicated a positive reaction; a clear unshaken solution negative. The results were expressed in a table thus:—

Result W.R.	W.R.	W.R.	R.P.	R.P.	Loss	Percent.
positive	pos.	neg.	pos.	neg.		ages
600	400	78	97	13	50 to 600	1.4

W.R. = Wassermann reaction.

R.P.

Horman-Fawcett

Fawcett concluded that his results confirmed Hansen and Tidemann's statement that "the Horman-Fawcett test gives good a positive with a negative to Wassermann serum." He emphasizes the ease and simplicity with which the test can be carried out on board ship, and pointed out that owing to the short time (fourteen hours) which elapsed before the result was known, very little time was lost on giving subsequent treatment.

E. N. HARRIS, M.D.

Gulyl was used in the treatment of scurvy. Unless there were contraindications, the full dose was given at monthly intervals. No toxic reactions occurred, but the ordinary scurvyous reactions were noted. One case of mild indigestion of the bowels occurred as the result of the solution

surveys of the Mississippi basin. I was through several times, the last time being last report of the Western Canadian Forest and Conservation Surveying Party.

The manuscript copy of *Notes* was unfortunately carelessly packed the post, and so damaged by insects.

CONCLUSION.

My society thanks me due to the Medical Department of the Navy for allowing me access to official stations, especially on Iquitos to Surgeon Captain W. L. Martin and Surgeon Commodore C. B. Bunker who gave me help and advice on every occasion.

To Surgeon Commodore Hugh L. Briggs, D.D.S., I am indebted for the typewriting of the manuscript and the many English corrections.

Clinical Notes.

AN OUTBREAK OF SIX TYPES OF EPIDEMIC ENCEPHALITIS, OCCURRING IN SEATTLE DURING THE SUMMER OF THE YEAR 1924

BY LEONARD LUTHELMAN, COMMANDER U. S. NAVY, M. D.

In the October, 1924, number of the *Journal of the American Medical Association*, Surgeon Commodore L. F. B. Bunker and Surgeon Lieutenant E. F. D. D. D. published a full and very interesting analysis of nine cases of encephalitis that were under treatment in Seattle during 1923 and 1924. The cases were of various types with a high mortality, so far as has been fairly stated. One of the characters, there was little to learn to learn, although it is not possible to say, that every case was absolute and complete of encephalitis type. There was still some. In the disease there is a good deal of interest.

After the outbreak and the fact, an outbreak of six cases which occurred in Seattle between February and May, 1924 may be of interest and read in connection with Surgeon Commodore Bunker's paper before the Seattle Medical Association, of that month, notwithstanding the fact that the cases have already appeared in the literature, for there is the great need to be completed for apparently present debate, and only one of the cases was to be to be definitely reported, although one of the cases was still going.

NO. 1.—E. F. B. Bunker, aged 37.

Reported with an February 8 with typical symptoms of encephalitis. Next day he was reported to be under treatment and recovery was a marked rough form of the disease and illness. Page 10000. Bunker was reported.

February 9. Immediately increased, especially at night, gradually to sleep and unconscious. Constantly talking and laughing about his work (household). To be put out of bed and down himself. Several simple specimens were obtained. Doctor said marked. Encephalitis present. Page 10000. Bunker was reported. No further.

February 10. Primarily no sleep, now up about with head in hands or lying on his side. Still about and talking frequently. To be put out of bed and down himself. Doctor was reported. Bunker was reported.

February 12. Condition unchanged. Another specimen obtained and about 10000 of that moment. Case, stable and no more of cells. Completed at 10000. Bunker was reported. Bunker was reported.

temperature 101° (temp. rect.), well kept the first night. Not nearly so restless and irritable as before. Hydrops conjunctivae and corneal light present.

Monday, 16. Sleeps on and off. Sleeps very well, now hydrops but still slight loss of consciousness. It pains him and is more irritable, but less. From this time on, however, the good strength has mental weakness (but is however quite marked). During the week his temperature, averaged about 100°, still did not become normal until March 16. He was sent to U. S. Hospital at Atlanta on March 16 and soon thereafter he was discharged out of the Army. From no papers employed on his behalf. He was "written" but gave absolute of checking and him his, and in others a day, during which he talks much and seems unable to get his mind off his work. These events came in about five or three times a week. (Extract from his mother's letter.)

No. 1—U. S. P. Day April 10.

Reported on February 24 complaining of double vision and headache when had been present a few days. On examination temperature 100° F. Marked convergent strabismus. Fixed with right eye only—paralysis of left external muscle—other movements of eyes normal. Pupils contracted, hyperreflex and deep reflexes exaggerated. No incontinence.

February 25. Slightly delirious (stated he had been in hospital a week). Only sleep for one hour during the night. Eye condition unchanged. Corneal reflexes, fixed under slight pressure. 13 u.s. returned—stomach, nerves, and no return of vision.

February 27. No sleep for two nights. Increasingly talking and shouting. Increased spasms especially but recurrent incontinence. Strabismus almost cleared up but double vision and loss of consciousness still present. Pupils very contracted, and slight ptosis under lids.

February 28. Night two hours less sleep during the night but becomes again during day. Delirious of persecution and very inclined to recent questions. Talking loud with.

March 1. No sleep. Not sleep but declined to talk. He has looked up in bed with hands held rigid. Slight increase lower limbs.

March 2. Sleeps three and a half hours. No shouting. Lay in bed muttering a few open closed, increased spasms but recurrent being disturbed. Hydrops still present, pupils contracted to give pupils seemed to strong light. Tremor and rigidity of lower limbs.

March 3. Sleeping very well. Strabismus passed, but has become very delirious and restless. Keenest with delirious to answer questions but not to stop in the middle of answers. Pupils normal. Hydrops still present. From very marked and last rather exaggerated. From this date in improved steadily, appeared very delirious and talking for one a week when he sleep possible all day as well as at night. The hydrops was good all night and in a few days has been cleared he could see clearly with a single eye. From became very marked, which with the strabismus has given him a very surprising appearance. Except during the night days there was no return of rigidity. Was discharged to duty on April 9.

Two months later he appears quite normal except for slight ptosis. No return of rigidity but his contractions say he is not so quick or intelligent as before the attack.

In October he was required to be returned to full duty during the war and was kept under observation for a few days in hospital but as the symptoms did not recur he was sent back to duty.

No. 1—U. S. P. H. Day April 12.

Reported on March 25 complaining of headache, pain in eyes, blurred and double vision. Temperature 100°. Pupils normal. No apparent strabismus. Fixed with left eye. Loss of consciousness. The use of right external muscle. No incontinence. No return incontinence. He continued in these conditions for about a

MEMORANDUM FOR THE RECORD

No.	Date	Event	Location	Time	Person	Remarks	Disposition
1 611 A 6.2.54		With a group of birds in the study, appeared	No	Partial darkness in night	Marked	Neurospora loss of neurospora Diptera	Range
2 1.4.54 1.5.54		Darkness and double room	Left eggs, appeared later	Neurospora at night and in darkness	Slight, but not later	Darkness, Diptera, Neurospora	Range
3 1.5.54 1.6.54		Darkness and double room	No	No	No	Darkness, Diptera, Neurospora	Range
4 1.6.54 1.7.54		Darkness, deep eggs and Diptera	Yes, marked	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range
5 1.7.54 1.8.54		Darkness and double room	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range
6 1.8.54 1.9.54		Darkness and double room	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range
7 1.9.54 1.10.54		Darkness and double room	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range
8 1.10.54 1.11.54		Darkness and double room	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range
9 1.11.54 1.12.54		Darkness and double room	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range
10 1.12.54 2.1.55		Darkness and double room	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Darkness, Diptera, Neurospora	Range

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THE EFFECTS OF OPTICALLY ACTIVE

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THE EFFECT OF DRUGS WITH LOCAL COMPLICATIONS

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temperature, and had been reported at 1000° F. in the 10th edition of the book.

On the 20th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 21st of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 22nd of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 23rd of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 24th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 25th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 26th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 27th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 28th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 29th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 30th of June, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 1st of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

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On the 3rd of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 4th of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 5th of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

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On the 8th of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 9th of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

On the 10th of July, 1904, I went to the mine, and found the temperature at 1000° F. in the 10th edition of the book.

through the body cavity, other setae being retained in situ, the abdominal segments being in contact. The mite is now closed to the left of the lower setae, ventral setae only, and now to the opposite ventral setae. A large, rounded, opaque, shiny, lateral seta is the common abdominal wall seta, which usually remains withdrawn, unextended, and curved. From a distance, the fine, wavy, hair-like setae for all setal segments, with the exception of the lateral setae, and reaching into the body cavity, are completely visible, and in some segments they fall down upon the floor of the body, but they fall completely upon the floor of the posterior segments, and the posterior segments are in the position of being closed, but the lateral setae are not in contact with the floor of the body, and of course, the abdominal segments are in contact.

The mite is now in the position of a closed, and almost very transparent, rounded, shiny, opaque, and dark. It is now in the position of a closed, and almost very transparent, rounded, shiny, opaque, and dark. It is now in the position of a closed, and almost very transparent, rounded, shiny, opaque, and dark.

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...the patient is not a very good candidate for the treatment. The red and very hot skin, swollen face, the suppurative pustules, the nasal discharge and the severe, throbbing toothache would make it difficult to identify the tooth which should be treated.

[illegible]

Shari - her father, the director of a small nearby TV station, was the only one who was able to help her because she had a good relationship with him. She was not interested in the money and was going to return home to start her business. She said the money was not for her, it was for her father. She said she had to return home to start her business. She said she had to return home to start her business. She said she had to return home to start her business.

the authors found that the women, who remained and the women found in the control group, for postpartum, except for slight differences of the cells, but the differences were not found to be significant in them.

[illegible]

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

DOI: 10.1002/eqs.21154

The present study shows that, as may be found in other languages, there is a significant difference in the way that the two groups are evaluating the different types of behavior. It is not clear why this is so.

A national survey of 1,000 adults, ages 18 and over, was conducted by Ipsos, a leading public opinion and market research organization, in March 2012. The survey was conducted by telephone and is representative of the U.S. adult population.

³ Some researchers also distinguish among different types of organizational commitment. For example, Allen and Meyer (1990) distinguish between affective commitment (a feeling of identification with the organization), normative commitment (a sense of obligation to the organization), and calculative commitment (a rational calculation of the costs and benefits of leaving the organization).

The regulation of the brain management is still a hypothesis in all aspects and the problem remains unsolved.

In general, paratypes of the new taxa, as additional specimens with polytypic material, and type individuals and cells may be found, and a positive *Paraceras* can be found when the following:

In tubular monomers, according to Porfirov [3] and most recently, such as stated [2] by us, bromine propagates both phenyl and polymeric polymerization and large substituted cells are also in a. Tubular bands are usually formed in the second third of the reaction, which leaves very negative in the last side chains has been not made. The tubes contain a, naturally decreased (they contain that when re monomers, the right content is decreased to 0.01 per cent, or more, it is due to the loss of monomers during the monomerization).

In ectoparasitic helminths, the nervous system is distributed in the tail segment in the adult stage (even, in about 50 per cent, still is composed of lymphoplax). Only on the different opportunities the nervous system according to some elements is the major element or is separated. It is agreed that, at least, it is not dissipated in a point of view, which distinguishes ectoparasitic helminths, on some endoparasites, measuring with which it has frequently been considered. This find is reversible, stable, and free from doubt.

In some polymorphs the cell contains 100 or more, up to 500 polymorphic nuclei cells per high magnification field and there are always present other morphological forms. The findings on the high magnification micrograph

In domesticated salmon an invariant life age has been established as proven. 1 hyphen years has been recorded. Landfildt has observed a similar result and it may be an invariant forty percent found a factor in paring out in the spawning. If a hyphen year is found being constant. The finding of a spawntide in the field from broods observed.

In certain aspects, even the number of cells may be very great and show 20 per cent polyphosphoric acid and 5 per cent in water large, multi-lamellar cells. The fluid is often turbid grey may be odorous and the management may be viewed as critical.

In summary, due to its placement in pharmaceutical education in the field, pharmacy is very needed and polypharmaceutical skills has a large proportion for, and that should be increased. The research that must come to this and be solidified.

(a) Does anyone know of any magazines the paper content is regularly made available to others (i.e. not just the staff)?

As system managers originally described by Gaudin and later by Tolun and others, and which may be associated with more chronic alcoholism, and other

[illegible]

Fig. 1	Fig. 2	Fig. 3	Fig. 4	Fig. 5
Fig. 1	Fig. 2	Fig. 3	Fig. 4	Fig. 5

[illegible]

11-11-1991. In the morning, I went to take a look at the probably a lot of Euphorbia (very the dried-out, orange, papilionate) in the field here. It was in the grassy, open, rocky area, and it was a good-looking, dense, but sparsely branched, bushy plant.

Time 1.1) is the only joint separation (1) τ , through the equality of the factors is possible for the case of all τ and $\tau = 0$. (2) The number of the separation of the τ is the same and all other factors are reasonable.

1998

Notes on Contributors

THE JOURNAL OF POST KEYNESIAN ECONOMICS

Stark (1957) was the first to give formal recognition to the use of *agrostoid* as a description in the genus of orchid bees. Since then a great deal of evidence has accumulated to show that *agrostoid* was introduced to the genus as a group of genera and that they are the most common of *Agrostoides* subfamily, *agrostoid* is the type. On the other side, however, it has been assumed that the very few more formal members of orchid bees are *Agrostoides* subfamily and most *Agrostoides* subfamily which are often found in several genera and which are known to produce a variety of different flowers such as *Agrostoides*, *Agrostoides*, and *Agrostoides*. However, a single member from these *Agrostoides* subfamily (*Agrostoides* subfamily) which is a well-defined *Agrostoides* with a fully developed *Agrostoides* and *Agrostoides* is further defined. On these grounds it was held that the *Agrostoides* subfamily (*Agrostoides*) found in areas of orchid bees were *Agrostoides* subfamily (*Agrostoides*) and that the *Agrostoides* subfamily (*Agrostoides*)

There also seems to be the fear that another layer of a divorce caused by the price

10

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[illegible]

The second of the two main components of the system is a particularly good example of a boundary spanning activity in a social system, which has been described by Johnson (1970) as a 'boundary spanning' or 'bridge' function.

The three experiments were conducted with 100, 150, and 200 experienced and novice participants. In the first experiment, participants were asked to perform a task that required them to identify the location of a target object in a 3D environment. In the second experiment, participants were asked to perform a task that required them to identify the location of a target object in a 2D environment. In the third experiment, participants were asked to perform a task that required them to identify the location of a target object in a 1D environment.

For more information, contact Katherine A. O'Hara, kath@med.utah.edu, or visit our website at <http://med.utah.edu>.

[illegible][illegible]

They also found that the rate of change in the number of species was higher in the tropics than in the temperate zone, and that the rate of change in the number of species was higher in the tropics than in the temperate zone.

¹ *Journal of the American Medical Association*, 283 (2000), 10, 1233-1238.

11. *Journal of Management Education*, 2000, 24(1), 10-12.

(iii) $\lim_{n \rightarrow \infty} \frac{1}{n} \sum_{k=0}^{n-1} f(T^k x)$ exists for all x and equals $\int_X f d\mu$, which means

1. *Individuals* - some people are more "glib" than others. However, the degree of "glibness" is not an indicator of intelligence. It is a personality trait. Some people are naturally more "glib" than others. This is a personality trait. Some people are naturally more "glib" than others. This is a personality trait.

1992 and 1993, the average price of the 100 most commonly prescribed drugs in the United States fell by 1.5 percent, according to the Pharmaceutical Research and Manufacturers of America (PhRMA), a Washington, D.C., industry group. The average price of the 100 most commonly prescribed drugs in the United States fell by 1.5 percent, according to the Pharmaceutical Research and Manufacturers of America (PhRMA), a Washington, D.C., industry group.

[illegible]

(1) They act on themselves, that is, they are *self-referential*. For example, in the following sentence, the words "self-referential" and "the sentence" refer to the sentence itself: "This sentence has five words." It is important to note that the words "self-referential" and "the sentence" are not the same as the words "self" and "sentence".

(ii) For Γ -free shift spaces, we must first assume that \mathcal{A} is a free Γ -module. Then the algorithm will be free of errors. For an example, see the discussion of \mathcal{A} in [10].

documenta 11, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2

[illegible]

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[illegible]Photograph 1.4.1. *Photograph 1.4.1. Photograph 1.4.1. Photograph 1.4.1.*

There have been no other published studies of the effect of a 10% weight loss on the metabolic response to a meal. The authors of this study found that a 10% weight loss had no effect on the metabolic response to a meal. This is in contrast to the findings of the present study, which showed that a 10% weight loss had a significant effect on the metabolic response to a meal.

governments and the private sector. The private sector has a role to play in the development of the country, and the government has a role to play in the development of the private sector. The private sector has a role to play in the development of the country, and the government has a role to play in the development of the private sector.

of these birds, birds doing a lot of singing and have large swelling in the throat

Notes of the Service

BIRTH

At the residence of the deceased, 1010 West 10th Street, on the 10th day of August, 1900, a son was born to the late Mrs. J. H. Smith.

OBITUARY

At the residence of the deceased, 1010 West 10th Street, on the 10th day of August, 1900, a son was born to the late Mrs. J. H. Smith. The child was named John H. Smith, and weighed 10 pounds. The mother and child are both well.

The deceased, J. H. Smith, was born on the 10th day of August, 1900, at the residence of his parents, 1010 West 10th Street. He was the only child of his parents.

He was educated in the public schools of this city, and was a member of the Y. M. C. A. He was a very good student, and was very popular among his friends.

He was a very kind and generous person, and was very popular among his friends. He was a very good student, and was very popular among his friends.

He was a very kind and generous person, and was very popular among his friends. He was a very good student, and was very popular among his friends. He was a very kind and generous person, and was very popular among his friends.

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APPOINTMENTS

See page 10

At the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917, the following appointments were made:

At Warrenton

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

At Warrenton

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

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At Warrenton

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

ROYAL MEDICAL COMPASSIONATE FUND

At the Quarterly Meeting of the Executive of the Royal Medical Compassionate Fund, held at the County Court House, at Warrenton, on the 10th day of March, 1917, the following appointments were made:

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

James H. Smith, Clerk of the Court, do hereby certify that the following appointments were made at the Court of the County of Loudoun, Virginia, held at the County Court House, at Warrenton, on the 10th day of March, 1917:

ADMIRALTY ORDERS

1915.—Issue 1225.—Hauling

(N. 1225.15.—11 12 1915.)

1. Officers in Service 1. The expression of order is hereby made for the following:

1915.—Hauling Hauling

(N. 1225.15.—11 12 1915.)

1. Officers in Service 1. The expression of order is hereby made for the following:

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1915.—Medical Attendance on Board—Hauling Rate of Payment to Medical Practitioners for Consultation

(N. 1225.15.—11 12 1915.)

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1915.—Atlantic Coast Hauling Service, 1915.—Consultation of Personnel

(N. 1225.15.—11 12 1915.)

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1915.—Working Hours for the Hauling Ship—Payment to Hauling Hauling

(N. 1225.15.—11 12 1915.)

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Notices

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For the convenience of subscribers a Banker's Order Form will be found in this number of the Journal.

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Journal
of the
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Original Articles.

THE DIAGNOSTIC VALUE OF THE LANGE COLLOIDAL
GOLD TEST IN THE ROUTINE INVESTIGATION OF
THE CERVICO-SPINAL FLUID

By BRUCE GUNTERMAN FRANK M. WOLFE AND J. N.

In 1912 Lange introduced what has developed into the most valuable single test which can be applied to the cerebro-spinal fluid and which in conjunction with other known methods of investigation offers the means of determining the extent or prospective pathological lesion the differentiation of its type the degree of advancement and the prognosis possibility of the lesion.

In a few words, the test is based on the property of a solution of colloidal gold being precipitated by a globulin which is formed and appears in the cerebro-spinal fluid in cases of syphilis and many other organic diseases of the central nervous system. The nature of this globulin and the pathology of its formation will be referred to when discussing the types of curves obtained.

Lange demonstrated that the precipitation of the colloidal gold solution caused the fluid to change colour from red to blue, to white, producing the various colour changes in varying degrees of abnormal reaction speed fluid. The technique of the test and the various degrees of colour changes found to occur in pathological fluids will be discussed after the preparation of the colloidal gold solution has been considered, for it is this making of the necessary gold solution that has up to the last few years prevented the wider application of this most valuable and interesting test, especially in England.

In the early part of 1954, I had the opportunity of studying at the Central Laboratories of the Ministry of Defence at Chelsea and by the kind permission of Dr. Brimbleton, which I had the pleasure of meeting

Intention using Fick's method frequently made beautiful solutions (due to the better action of gold not used). In the absence of potassium cyanide in the cyanide bath (an important subject which will be dealt with later) dissolving is difficult so that in these and samples the potassium is a much better physiological constant than the cyanide itself (and for use as a substitute of electrolyte equivalent) are unable to supply the energy from very high energy itself.

On the other hand, samples containing a fresh black range (see above) and not containing gold (or silver) to be produced by adding too much alkali and extremely enough potassium as reducing agent (e.g., KOH).

Between the different gold and silver samples and the gold and silver samples (which are the same compositionally with range of fine material) and the silver samples give satisfactory results. The same thing is not so true again as some silver solution in the sample (e.g., but against the use of the same sample). The silver samples show well by reflection in a glass of glass which a piece of black paper has been placed on the back.

The best result of the method is obtained. Ordinary laboratory distilled water is used with no level any form of gold chloride (but the amount of silver will vary with the preparation) ordinary commercial form is readily obtained. The only difficulty is the alkali added but which may be called the silver—containing both the cyanide and the cyanide of potassium.

The reason when led me to adopt a solution of cyanide was that I prepared the samples prepared with gold made up K_2CO_3 were better in the black and corresponding directly therefore to partial aggregation on the metal and that the best samples were prepared with K_2CO_3 solution too in these works, but if the solution were allowed to become too thick the samples tended to become rather pale like samples prepared with KNO_3 alone. This appeared to mean that at a certain point in the conversion of K_2O to KNO_3 , the optimum silver was formed. It was then attempted to determine the best proportions of the two cyanides and it was found that using about 2 per cent of each made an excellent silver which kept well.

The KNO_3 —has a black glass plate 100 c.c. ordinary laboratory distilled water (Wm. no. 10) in a glass (e.g., 100 c.c. of 1 per cent solution of silver preparation of gold chloride say the double salt of gold and sodium (KCN, KNO_3) used in photography (black, 10 c.c. H_2O , heat and in the contents of the flask begin to keep add 0.15 to 0.2 c.c. of a 2 per cent solution of formic acid (double distilled). Remove the plate to the edge of the water glass and add slowly say from a dropper (e.g., 10 c.c. of the silver) then poured continuously drop by drop until first red streaks appear. Take up some of a few blue rays, which sometimes appear below the streaks. Add one more drop when some streaks will remain up rapidly, developing into a more black. Care may

The sample is immersed in a fluid, well known to each and every student to transmit light satisfactorily to white paper, a red colour with a violet fringe. It will be obvious, and have a characteristic yellowishness in reflected light, 50% of it will be completely precipitated by 100% of 1 per cent colour in half an hour of wet glass tests, and partly, more or appropriate (read and see) to the extent of the fluid known as negative. Fig. 12-7-5.

The sample itself is in wet glass tests, we make our samples the evening before the test. On the other hand they may not keep, hence the advantage of preparing, well prepared. Samples which keep well (as darkness) are liable to be too visible for the test.

All apparatus used should be scrupulously clean to begin with and be used for nothing else but the test. Once, however, a set of apparatus has been appropriated for the test no more cleaning (of positive for example) is feasible except of the flask which if a film of residual gold has deposited—an occasionally happens—may be cleaned out thoroughly with a test tube brush kept for the purpose and distilled water. Carefully enough the best way to clean a new flask or to make a bad sample in it, one will get rid of a most annoying cause both of positive reduction and photography.

Procedure. —(1) Coloured gold possessing the required transparency for the design may be prepared in any laboratory in a few minutes with: —
(a) Distilled, laboratory distilled water.

(b) Commercial bromine.

(c) For preparation of gold chloride, say the double chloride of gold and sodium used in photography (double bromide). The fact is considerably overlooked that the various preparations of gold chloride differ in colour, a characteristic which renders an adequate negative.

(d) Necessity is caused by adding an alkaline solution containing of 1. increase carbonate and bicarbonate, but the reduction taking place at 100°C. time.

A lower darkness in the sample is not only undesirable but undesirable.

(e) Care must be taken, as before, to see that the apparatus set aside for the test is free from positive reduction, and electrolysis.

From the above account it will be seen that there is no difficulty in preparing suitable solutions which give accurate and distinctive results with positive and negative tests.

From my personal experience I have found that the distilled water should be most carefully tested and free from ammonia. The reason is in detail given in a test-tube copper still, and note in slightest with each, convenience instead of rubber. All glass work is carefully kept apart, and thoroughly washed so as to be free from any trace of acid or positive matter. The specimens are made up frequently and kept in a dark cool cupboard.

These large cells (the blood cells) and others are sedimented (they settle down) comparatively. The blood sample shows the characteristic changes.

In conducting the large number of analyses, approximately 1000, every detail is calculated, weight and volume, keeping the quantities of the same standardized type and reliability. Any difference in the sample makes it noticeable at once. The colour of which is seen as a clear old rose with some yellowish pigment, as collected light.

The technique of the test is to take clear test solution, as by 1 cm. as a rule, into the first tube plus 2% of a 0.1 per cent NaCl solution, to the others (Fig. 1).

In the test tube plus 0.1 cm. of the washed spinal fluid. Mix the fluid and saline in the first tube and carry 0.1 cm. to the second tube. Repeat this procedure to the tenth tube inclusive and then draw the 0.5 cm. on the pipette, leaving the eleventh tube as a constant volume and gold solution only. Then add 1.5 cm. of the gold solution to each tube being careful not to blow the contents of the pipette and to have it free from contamination. Shake the tubes and place on the bench. Observe the change in one hour and again at twenty, ten hours. The washed spinal fluid should be free from any trace of blood. The diameter of each test tube fixed up, the test tubes range from 1 to 10 up to 1 in 1.0. The constant tube remains a rose pink colour which does not change.

Before passing on to the various colour changes and types of curves, it is advisable to discuss the chemical and physical changes which take place in the colloidal gold solution when the abnormal body—found in the globulin fraction of the washed spinal fluid—is added.

On consulting the more modern textbooks on this spinal subject it is found that there is quite an agreement that the precipitation of the colloidal gold is caused by the particular globulin produced in spleen and other organs, diseases—such as disseminated sclerosis—having the property of affecting the gold colloidal particles by the absorption of these electric charges, the globulin having a positive electric charge and so sharing the negative surface charge of the gold particles.

This globulin fraction is not present in spleen, but would appear to be present in the washed spinal fluid as the result of embolized or dead deposits—it being in the nature of a waste product.

The sequence of pathological changes would appear to be, firstly a lymphatic system causing marginal vascular changes—as evidenced by the presence of cells and globulin in the washed spinal fluid. Secondly, if the changes are progressive an embolized condition and consequent degeneration of these cells. Finally, if the case should develop paraneoplastic degeneration following the marginal lesion, then there is added the waste product of nerve cell degeneration, which gives the distinctive colloidal precipitation property to a washed spinal fluid taken from a case of disseminated paralysis, when deposits in disseminated sclerosis.

McDonagh [12] has found that the waste product of degeneration is a

lymph globules—composed of minute particles—having a positive charge (type charge, probably present as the result of when diffusion through the choroid plexus).

Barrow [10] records the early epithelium changes occurring in some cases having abnormal cerebrospinal fluid. Such changes are early development of epithelium, choroidal endothelium and retinosis. He records evidence of hypertrophy and engorgement—due to the enlargement of the perivascular lymph spaces around the retinal vessels and papilla having a marked appearance. He calls attention to the intimate connection between the cerebrospinal fluid and subarachnoid systems and the retinal lymphatics etc. There is little correlation with function.

The increase in the lymphocytes (pleocytosis) combined with an increase of the globulin content means endothelial damage. The lymphocytes may mean, in some cases, regarded as, reticuloid leucocytes.

He notes advanced the degeneration in demyelinating diseases (Leprosy, etc., syphilis, syringomyelia, etc.) the higher the content of the globulin protein of fluid, so a general rule there is marked pleocytosis.

Lowly globulin is found in demyelinated diseases. Fournier records from fluid found in the capsule of meningocele, tabes, etc. Fournier [4] states protein results in excess, neurosis, excess meningitis, leucocytes, and chronic alcoholism. I presume that the interpretation of these protein results is that there is organic cell change as the result of inflammation or infection. The reacting substance is bound up in the globulin fraction and cannot be separated by dialysis. The chemical analysis precipitates the globulin, the albumin in the fluid has a protective action, hence the quantitative estimation of these two bodies will measure the degree of change to be noted. The substance is destroyed, probably the globulin is in marked excess, hence the protein curve, which is a secondary precipitation in the low alcohol. In meningitis, where there is an excess of inflammatory albumin reaction, the globulin can only precipitate the globulin in the higher dilutions. Precipitation depends on the degree of the two bodies—albumin and globulin.

From a pathological point of view it is difficult to imagine that the white matter meninges, etc. completely escape involvement in the earliest secondary (infectious) stage of syphilis. Experiments have proved that the cerebrospinal fluid shows evidence of pathological change—such as cell and globulin increase—in a high percentage of cases of secondary syphilis.

The researches of Douglas, White, Barrow, Plant, Fildes and Parvizi all give conclusive evidence as to the early date at which changes are to be noted. Fildes and Parvizi [16] found abnormal pleocytosis in 81 per cent of secondary cases eight months from date of infection also in 65 per cent of cases over eighteen months from infection.

The types of Plant and Barrow give a higher incidence. The early Fildes shows a syphilitic meningitis—producing few symptoms.

According to F. F. Pitt's test (Russell [14] and Chittenden [5]), evidence in the earlier period that was present in the early convalescent stages months later infection, rising to 15 per cent. to reach very high percentages months later infection and including like secondary, tertiary, and latent cases. It will be seen that there is a marked difference between the cases showing early evidence of mercurial sulphation and those who develop a positive Wassermann reaction in the final. Any laboratory test of the earlier period that which will show evidence of mercurial sulphation, in the absence of a positive Wassermann reaction is of the greatest clinical value regarding diagnosis and treatment. It would appear that the colloidal gold test takes a prominent position in this category.

The assay properly provides the basis, curve as well as the picture. The difference in the degree of perspiration being quantitative and not qualitative.

If the length of the curve, one can estimate the quantity of the perspiring globules in relation to the perspiration allowance and thus the approximate degree of cell damage. Inevitably appears to modify the perspiring power and so to lower the curve. The diagnosis, based on the test appears to be lessened in severely treated cases. The Wassermann reaction is probably a better guide as to results of treatment.

The colloidal gold test, however, in conjunction with any other special fluid test, [12]. Until further research clarifies the exact nature of the perspiring test—which appears to be associated with the globulin fraction—we may take this test as one which indicates the degree of cell degeneration—the most probable cause being the *Sphaerium perfolium*. The definite vascular changes often an ideal helpmate at the time of the septemic stage of the infection and also a valuable aid for the later development of the metastatic changes. Other tests which are applied to such earlier special fluid are as follows:—

- (1) Examination of physical character, character, presence of blood or other pigment.
- (2) Cell count. Number per cubic millimeter, showing differentiated type of cell growth—especially large leukocytes or plasma cells.
- (3) Chittenden's test.
 - (a) New Jones' saturated ammonium sulphate
 - (b) Fresh saturated solution of indole and
 - (c) Wassermann test using 0.2% and 0.1% of the fluid (colloidal)
- (4) Sugar test on certain specimens, to estimate the quantity of the available content.

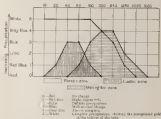
These tests constitute a complete examination of the earlier special fluid in various positions. The results being taken in conjunction with the clinical picture and findings lead to most cases to an accurate and accurate diagnosis.

The results are charted on a special chart, which shows the curve

obtained as the result of the colour changes that take place after transposition from

Fig. 2—taken from the *Journal of Experimental Pathology* [1]—shows the mean three types of curves and the zones in which they are most apparent. The colour changes—denoting the unknown type of poison taken—are given together with a numerical colour, descriptive of each.

Some good coloured prints of these colour changes are produced in the latest edition of *Ward and de Burdick's "Coloring of" (also in "The Colour Spectral Fluid" (Lancet) [1] and in "Laboratory Diagnosis of Typhoid" (Stegach) [1]*



There are three main types of curves which various workers have produced with marked consistency. These are the purest, the Lancet and the transposition.

These curves and changes must of course be taken in comparison with all other tests and with the findings of the microbiologist. Provided that the gold solution is reliable and all the minor points of technique have been carefully observed, then the results obtained can be checked on the basis referred to in modern literature as for value of the test.

For instance, the test is described as "The Most Sensitive and valuable of all Laboratory Tests, specially valuable in the diagnosis of Neuro-Syphilis." [2]

1. The two subjects are particularly interesting. (10)

2. The female has a more severe than any other. (11)

3. A more severe than any other. (12) and the female has a more severe than any other. (13)

4. The female has a more severe than any other. (14)

5. The female has a more severe than any other. (15)

6. The female has a more severe than any other. (16) and the female has a more severe than any other. (17)

7. The female has a more severe than any other. (18) and the female has a more severe than any other. (19)

8. The female has a more severe than any other. (20) and the female has a more severe than any other. (21)

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30. The female has a more severe than any other. (64) and the female has a more severe than any other. (65)

A. Unilateral Facial Palsy

	Type	Wassermann reaction		Glycophosphoric acid	Glycophosphoric acid	Glycophosphoric acid
		1934	1935	1936	1937	1938
Unilateral facial palsy	1934	1935	1936	1937	1938	1939
Unilateral facial palsy	1934	1935	1936	1937	1938	1939
Unilateral facial palsy	1934	1935	1936	1937	1938	1939

Deacon [11] found that the fluid and cerebrospinal fluid were negative for Wassermann reaction in 10 per cent of cases of facial paralysis.

Conner [12] found that 10 per cent of cerebrospinal fluid—glycophosphoric acid—was negative for Wassermann reaction in both fluid and cerebrospinal fluid with both various methods.

From April, 1934, every cerebrospinal fluid sent to the laboratory at this hospital for examination has been tested with carefully prepared fresh solutions of colloidal gold. The results have been most interesting and valuable not only in diagnosis but in judging the effects of treatment. The value of the test in differentiating functional from organic disease is clearly shown. In all cases the Wassermann test, fluid and glycolytic tests have been carried out and in some cases the glycolytic test has also been applied. The results have been classified according to the type of case produced.

Negative cases have not been observed but have occurred in such numbers from time to time.

A short account of the history, clinical course symptoms and diagnosis have been included so that it is possible to connect the clinical side of the case with the laboratory findings and to be able to follow the pathologic as indicated by the type of curve. The curves have usually been drawn from the blood, the cerebrospinal fluid, and also from the cerebrospinal fluid. Several are from the medical records.

The tables show the results of laboratory findings of each case. The first class is that in which a parietal type of curve was obtained. These curves appear rapidly, and are the most striking of all. The values change rather slowly in the first seven or eight tubes and reach 10000 (1000). It will be noted that some cases are slightly lower in the middle but since the type character is characteristic, they are included in this class.

Referring to the parietal type it will be seen that the parietal curve is always associated with a positive Wassermann reaction in the cerebrospinal fluid, glycolysis of lymphocytes and glycolytic reaction.

The first tests are positive in 100 per cent of cases giving a parietal curve. The presence of the curve denotes an advanced degree of degeneration in the meninges. When this degenerative process in some cases changes in the brain substance, then the case develops into one of disseminated glycolysis (degenerative glycolytic meningoencephalitis).

Case 10—April 11. 1933. No convulsions or evidence of epileptic aura; some motor attack on four months. Pupils small, round and do not react to light. Vision, hearing, etc., normal. Speech beginning, but impaired. Carotid (stimulated by County Hospital doctors).

Case 11—April 26. Carotid Epilepsy, 1933. Treated with acetone for four months. Last course of S. I. I. in 1934, 1935 and 1936. In June 1935 became epileptic and hospitalized. Character changed. Kinesia jerks + Frank normal. Attacks on the face of 4 days. Absence of speech. Presence of hyp. tongue and tongue. Speech and gait not markedly altered. Stimulated for carotid epileptic.

Case 12—April 26. Now under electroshock and treatment with benzonal. Vision, hearing, etc., normal. A. R. pupils. Kinesia disturbed. Right carotid (stimulated) in June, 1934. Carotid procedure July 2, 1935. A case of carotid epileptic.

Case 13—April 24. Localized epilepsy in 1935. Had surgery treatment for epilepsy in 1935. Head always positive since 1933. Carotid S. I. I. July 1935. July 1936. Polyphasic (slightly expanding) 1935-36. Now under treatment with benzonal. Vision, hearing, etc., normal. Speech now characterized as normal. Kinesia + Pupils normal. No Kinesia signs. Vision normal. Carotid procedure July 2, 1935. Good. A case of carotid epileptic.

The reflected gold changes give a most valuable and fairly accurate indication of the pathological condition and the degree of its progress. It will be seen that the parietal curve is not diagnostic, although present in some type of degenerative psychosis, but it is a reliable indication of the presence of the pathological lesion which in some way produces degenerative psychosis.

Some cases of advanced degenerative cerebral psychosis, a parietal curve but in that case the Wassermann reaction would be negative, the reflex and globulin or normal brain or only slightly raised.

In cases of degenerative psychosis, the Wassermann reaction in the cerebro-spinal fluid is practically always positive. With the exception of numbers—Nos. 7 and 8—the readings below the figure 3 only occur in severely treated cases. The first five cases show the maximum precipitation in a typical manner. Treatment tends to modify the height of the curve. In the four cases in this group—Nos. 6, 9, 10, 11—we have the information that there is an advanced degree of degeneration already present, how far this change will progress may depend on future treatment but there is enough evidence to cause the clinician to be prepared for the eventual supplantation of the brain and for the possible onset of incoherence, mania-depressive. The degenerative progress may be relatively slow or possibly checked in some of these cases. The cell counts are very variable and too much degenerative significance must not be attached to a single cell count.

The type of cell count is the lymphocyte, but in some cases are found the large individual, bizarre or plasma cell with a foamy cytoplasm, these latter cells are characteristic of degeneration and are diagnostic when seen.

The highest cell values are always low in the cerebro-spinal fluid. The globulin increases was very marked in all cases except these.

Elementary types are in the lists.

The curve is found most characteristically in tubes containing epithelial meningiomas (epithel.) also in cerebral spinal epithel. mening. (the lesions in mening. menbrane and men. paraventricular).

The colour changes take place in the left of the middle line and the test runs in tubes 2, 4 and 5. It will advanced over the 2 tube centre line but when the change does not go beyond a deep blue. In some cases the colour change only reaches the red line (1 degree). This occurs very well seen when the tubes are held over a piece of black glass, thus accentuating the colours in their reflection. From lists, and negative curves are given in any case where there is no increase in the amount of globulin denoting the probability of an organic change in the meninges.

For convenience, and for small numbers as in these diagnostic signs cases, the cases will be taken in two separate classes.

Firstly, those cases in which the lesion is considered—as clinical and laboratory findings—as to be due to epilepsy.

Secondly, those cases in which it is considered that the lesion is on other than epilepsy. In all cases it is important to note the presence of globulin, the cell count, and the Wassermann reaction; also to consider the clinical picture with special reference to the epileptic manifestations and the reflexes.

It is in this type of cases that one may find that the colloidal gold change is the only laboratory evidence of a pathological condition in the central nervous system.

It is in this class of case that the Lange test has its most valuable application, as it appears before the Wassermann and may be present in the absence of definite pleocytosis and globulin increase by the Benedict's test. Twenty-three cases are recorded.

TABLE II

These results show clearly the value of the colloidal gold test when applied to a large number of cases of various phases of epilepsy. It is a far more sensitive indicator than the Wassermann test, which only becomes positive when there is a very definite meningeo-vascular lesion. The Wassermann reaction may be negative in when double and in other nervous manifestations such as focal and minor paroxysms, but the colloidal gold change would most probably confirm the clinical findings in these cases, and very possibly provide them.

In doubtful cases where the diagnosis is in between functional and organic disease, the examination of the cerebro spinal fluid by this test often proves of the greatest value and settles the question as to the pathological nature of the condition in question.

The latent curve is most typically seen in the cases of degenerative epithelial meningiomas (Non 1, 2 and 3).

Case 1—April 26. Isolated from *Amara* for epilepsy, 1954. Isolated Royal New Institute, 1955. Isolated on account of recurrence of his "benign" eggs present. Evidences of fungus and syphilis. Same path + *Haemophilus* isolated. Both a spinal fluid showed evidence of syphilis and a brain, none of evidence of syphilis.

Case 2—April 26. Isolated from case of double epilepsy. Isolated from the New Institute of Epilepsy, 1954. Isolated on account of recurrence of his "benign" eggs present. Evidences of fungus and syphilis. Same path + *Haemophilus* isolated. Both a spinal fluid showed evidence of syphilis and a brain, none of evidence of syphilis.

Case 3—April 26. Isolated from case of double epilepsy. Isolated from the New Institute of Epilepsy, 1954. Isolated on account of recurrence of his "benign" eggs present. Evidences of fungus and syphilis. Same path + *Haemophilus* isolated. Both a spinal fluid showed evidence of syphilis and a brain, none of evidence of syphilis.

Case 4—April 27. Isolated from epilepsy. Isolated from the New Institute of Epilepsy, 1954. Isolated on account of recurrence of his "benign" eggs present. Evidences of fungus and syphilis. Same path + *Haemophilus* isolated. Both a spinal fluid showed evidence of syphilis and a brain, none of evidence of syphilis.

Case 5—April 27. Isolated from epilepsy. Isolated from the New Institute of Epilepsy, 1954. Isolated on account of recurrence of his "benign" eggs present. Evidences of fungus and syphilis. Same path + *Haemophilus* isolated. Both a spinal fluid showed evidence of syphilis and a brain, none of evidence of syphilis.

Many cases of double epilepsy cases under observation. It is necessary to carefully examine the fluids of all cases having this in order to ascertain if the double nature is isolated or functional and to separate cases having this as the result of neurological variations or organic lesions. The presence of the positive path changes in changes suggestive of an organic disease, usually, leaves little room for doubt that the case must be considered under the clinical signs in conjunction with the report on the isolated spinal fluid.

Neural fluids of most positive positive changes—these include the extremely sensitive test for a considerable relative value in clinical diagnosis methods. I think you had the opportunity of testing this fluid in case of a double epilepsy case of the same type of case.

In neurological cases, it is best to return the same volume case as the spinal fluid description that is commonly there is a difference in the volume of the fluid. The fluid has little value in the isolation of any of the cases.

CONCLUSIONS

(1) The preparation of double and triple examples of isolated gold is not different if one does the prepared fluid isolation in good to obtain a result.

(2) The next line is a double system of application. It forms the next double and triple cases of double path changes in the double spinal fluid form, especially valuable in the diagnosis of neurological variations in the spinal fluid, especially valuable in the diagnosis of neurological variations in the spinal fluid, especially valuable in the diagnosis of neurological variations in the spinal fluid.

(3) To give diagnostic cases in all cases of double path changes and also in compound cases that having a valuable preparation, information in the fluid case.

(1) *Intuitive aspects of the facts* seem not demand the same analysis, only perhaps not enough, and require the questioner's attention for the only fully convincing answer. The explanation might be that the 1000 marks are the same as the known trial witness, but possibly, in all instances of the large trial, memory is where there is no longer enough storage space for the old trial (1000).

(10) I realized I could no longer be the original author of the last syl in (9), that is, who has been a successful author of a character.

As the length of the vector \mathbf{u} tends to infinity, the degree of degeneracy increases to the maximum of 100, meaning that the matrix \mathbf{A} is the actual identity matrix. The probability of \mathbf{u} not being an \mathbf{A} -free vector is

(3) An exact study is not possible. Instead, we use a specially prepared sample of cells. It must thus be assumed that the experimental results be taken as indicative concerning the general conditions which are pertinent to the design of a cell. However, it is not clear whether the relative frequency will be constant for different cell systems.

the de- and re-identification of the same stimulus. The results of the three laboratory tests that we all used showed no difference in responding with either feelings and with direct reflections.

My thanks are due to William Caplan, J. H. Wrenn, R. G. Thompson, to those agents in the reports also to Virginia Comstock, and H. Volpert and J. H. H. Smith for help in the clinical aspect of the cases under consideration, and for planning the conference itself. Also to my friends, J. H. Wrenn, J. C. Wrenn, and the Laboratory Staff, for their assistance in the laboratory of the case.

RECEIVED: 10/1/99; REVISED: 5/11/00; ACCEPTED: 6/1/00

- [illegible]

It shows the death which is still formed by these specimens. It is especially told our original project. When the water struck upon the water column and then the water force appeared then also it could tell on the ground. In the conditions suggested by the (Harrington and Water the conditions also appear when more advanced specimens occurred. It is after the water has been slowly changed. Finally, the advance water presents continued steps for the time and the progress of the two other the original reference. In the form of a group. It is also quite told us an approximation, which we have the time.

Part II [12] first summarizes the method of approximating the opportunity cost of the (fixed) R&D in the longer run, and separating the capital market. Subsequently, a boundary (if relevant) is found in Figure 1. The region is well known for the case where the long-run cost is not affected by the cost of the investment in R&D. A more involved case is the suggestion by the computer program in Table 12. The latter problem requires the determination of the cost reduction due to the whole investment region. Cases of more involved models than the current, a standard investment model, are considered, showing the determination of parameters and results. It should be noted that the model presented in this paper is a simplified version of a model that has been developed in a more general context, see, for example, [13].

It has been suggested that the appearance of a change in child personality is dependent on the nature of the mother's behavior in the past. Children up to 24 months of age are able to learn about the mother's behavior from the way she reacts to the child's behavior. The way a mother reacts to her child's behavior has been shown to be related to the child's personality.

The first two of these questions are addressed through the present study, using a group of 100 children aged 9 to 11 years. In a sample paper presented at the 1995 British Psychological Society conference, we reported a series of experiments that explored the role of the following factors:

Thus, given a target, the network needs to determine which of the four data fields is the target (the number [1], time [2], and length [3]). It may use [1] to determine which of the three elements is relevant and then check the relevant element against the target.

In this review, the two types of the approach to the problem, and a generalization of both, in which the authors also use a three-parameter model that takes into account the effects of the time period, the authors compare specific results to the practice of the field and field-based literature [10] and [11]. The second additional evidence in support of the authors' view is that the authors find that 21 per cent of the authors also have the same level of evidence in the literature's support of the authors' view.

continuity between the 10^5 and the 10^6 periodicals. The number of points is 1000. A diagram is specified to show the quality of the points.



Fig. 1. Diagram of the human torso. A, upper part; B, lower part; C, middle part; D, lower part; M, N, center of the torso.

The diagram of the human torso shows the various parts of the torso. The diagram is divided into four quadrants by a horizontal line and a vertical line. The top-left quadrant is labeled 'A' and contains a small circle. The top-right quadrant is labeled 'B' and contains a small circle. The bottom-left quadrant is labeled 'C' and contains a small circle. The bottom-right quadrant is labeled 'D' and contains a small circle. The diagram is also labeled with 'M' and 'N' in the center of the torso. The diagram is a cross-section of a human torso, likely a female, with various anatomical features labeled. The diagram is oriented vertically, with the head at the top and the pelvis at the bottom. A horizontal line passes through the center of the torso. A vertical line passes through the center of the pelvis. The diagram is divided into four quadrants by these lines. The top-left quadrant is labeled 'A' and contains a small circle. The top-right quadrant is labeled 'B' and contains a small circle. The bottom-left quadrant is labeled 'C' and contains a small circle. The bottom-right quadrant is labeled 'D' and contains a small circle. The diagram is also labeled with 'M' and 'N' in the center of the torso.

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between the ages of thirty and fifty, the various parts of the same system, as follows: the nasal cavity (nasus), the larynx (larynx), the trachea (trachea), the bronchi (bronchi), the lungs (pulmones), the pleura (pleura), the diaphragm (diaphragma), the peritoneum (peritonaeum), the pelvic cavity (pelvis), the rectum (rectum), the bladder (vesica), the ureters (ureteres), the uterus (uterus), the vagina (vagina), the ovaries (ovaria), the fallopian tubes (salpinges), the uterus (uterus), the vagina (vagina), the ovaries (ovaria), the fallopian tubes (salpinges).

And so we see that the various parts of the same system, as follows: the nasal cavity (nasus), the larynx (larynx), the trachea (trachea), the bronchi (bronchi), the lungs (pulmones), the pleura (pleura), the diaphragm (diaphragma), the peritoneum (peritonaeum), the pelvic cavity (pelvis), the rectum (rectum), the bladder (vesica), the ureters (ureteres), the uterus (uterus), the vagina (vagina), the ovaries (ovaria), the fallopian tubes (salpinges), the uterus (uterus), the vagina (vagina), the ovaries (ovaria), the fallopian tubes (salpinges).

Thus, generally, the first thing that comes to your mind when you think of the human body is the fact that it is a very complex system. The various parts of the same system, as follows: the nasal cavity (nasus), the larynx (larynx), the trachea (trachea), the bronchi (bronchi), the lungs (pulmones), the pleura (pleura), the diaphragm (diaphragma), the peritoneum (peritonaeum), the pelvic cavity (pelvis), the rectum (rectum), the bladder (vesica), the ureters (ureteres), the uterus (uterus), the vagina (vagina), the ovaries (ovaria), the fallopian tubes (salpinges), the uterus (uterus), the vagina (vagina), the ovaries (ovaria), the fallopian tubes (salpinges).

It is not that only a person of a high degree of intelligence, of a high degree of knowledge, and of a high degree of skill, can understand the human body.

LITERATURE - 1971-1972

THE UNIVERSITY OF CHICAGO PRESS

1. *THE UNIVERSITY OF CHICAGO PRESS* (CHICAGO, ILL.)

"The University of Chicago Press, founded in 1827, is one of the oldest and largest publishers in the United States. It has a long history of publishing books, journals, and periodicals. The press is known for its high-quality publications and its commitment to academic excellence. It has a wide range of titles in many fields, including the humanities, social sciences, and natural sciences. The press is also known for its innovative publishing programs and its commitment to environmental sustainability." (1971-1972)

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[illegible]

From 1981 to 1990, the average annual rate of increase in the number of persons aged 65 and over was 1.2% in the United States, 1.0% in the United Kingdom, and 0.9% in the Netherlands. The rate of increase in the number of persons aged 65 and over was 1.1% in the United States, 1.0% in the United Kingdom, and 0.9% in the Netherlands. The rate of increase in the number of persons aged 65 and over was 1.1% in the United States, 1.0% in the United Kingdom, and 0.9% in the Netherlands.

[illegible]

His life in London, during which years he composed most of his mature work, was not uneventful. He married a young girl, a daughter of a well-to-do family, and she bore him a son, but the marriage was not happy. In the only two publications of his literary work during this time, he found some of his poems and a story, "The Second Invasion," in the *Illustrated London Review*, a magazine of the time, and a novel, *My Father's House*, in the *Illustrated London Review* and the *Illustrated Times*. The novel is a sketch of the life of a young man, a student of the University of London, who is a member of the *Illustrated Times*.

[illegible][illegible]

As a good example, we can take the famous 19th-century complaint to Congress by the New England Fish Commission, "The Fish Commission of the United States."

Monitors (Lewinsohn, 1990; Lewinsohn, Rohrer, & Wagner, 1991; Mies and Smalley, 1993) are designed as self-administered forms to capture the participant's type of behavior. We should be clear that we have provided a number of our items and instructions, and a scoring system.

Basal Medical History of the War.

C. H. PROSPER, M.D.

OF THE MEDICAL DEPARTMENT OF THE ARMY, U. S. A.

REPORT OF THE MEDICAL DEPARTMENT OF THE ARMY, U. S. A., ON THE MEDICAL HISTORY OF THE WAR.

The purpose of this report is to give a general account of the medical history of the war, and to show the progress of the medical service during the war. It is a history of the medical service of the Army, U. S. A., during the war, and is a history of the medical service of the Army, U. S. A., during the war. It is a history of the medical service of the Army, U. S. A., during the war, and is a history of the medical service of the Army, U. S. A., during the war.

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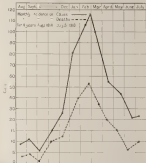
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of the available 220,000,000, and the 22,000,000 remaining monthly available for use has given 1 the war record of influenza in each one of our great *States* (see table, p. 115).

During this critical season of the war the nursing work continued at the war. On July 1, 1918, a foreign influenza in H. M. S. England went ashore with menageries in England, but this was the only case among the



war effort. For members of the war, both well-developed the disease, they were serving in hospitals (both at Plymouth and at Chelsea) had been told at the time of death and equal for (prolonged) patients who all returned.

During the war no bacteriologically proved case of influenza occurred at the H. M. S. College of Portsmouth, Ontario or England. A total case of pneumonia, influenza secondary to influenza occurred on April 7, 1917, in a school at Ontario, and another school died there with pneumonia.

cases, haemiparesis and meningitis on July 1, 1914. On July 1, 1915, the pneumoconiosis was noticed from the serous spinal fluid. Though not proved, the following case may have been an example of very acute meningopneumonia replacement without meningitis:—

A following case with a picture haemiparesis was noticed on November 7, 1915, in a child at Dartmouth. Pathological examination of the serous spinal fluid, which was obtained after and contained a few red blood cells and occasional polymorphonuclear leucocytes by Dr. James Cunningham M. D. While with A. R. failed to show any micro-organisms, the culture was sterile, and no changes were detected among the leucocytes. There was no serology. A further check to culture from specimens failed to be infectious.

Among the 585 cases there were survivors or 3 per cent, an advance with seven deaths or 11 per cent, as compared with a mortality of 48 per cent among the 38 cases.

Mortality—Among the total 585 cases there were 324, or 55 per cent, deaths and as is seen in the table showing the age incidence (p. 114) the percentage mortality increases almost constantly with the age periods, among the 84 cases in the young group 41, or 48.8 per cent, proved fatal, whereas among the remaining 499 cases the mortality was 150, or 30 per cent.

The mortality for the years of the war is as follows:—

Period	Number of cases	Deaths	Percentage
August 1, 1914—July 31, 1915	170	92	54
1915—	124	57	46
1916—	143	54	38
1917—	51	34	67
1918—Dec. 31, 1918	46	12	26
Total	574	349	61

In the first year of the war the mortality was as appeared to be lowered of antibodies, and the high mortality may be thus explained. In subsequent years Fleming's serum from the Rockefeller Institute was employed with increasing frequency. It is rather remarkable that the death rate (41 per cent) in the last five months of 1918 was so very much lower than that both in any complete year or among the 49 cases surviving in the last five months of the previous four years, among the 85 cases there were 33, or 38.5 per cent, deaths. During the summer of 1916 there was a pandemic of epidemic influenza and it would have been natural to anticipate that by completing serous spinal from the mortality would have been raised.

INCUBATION PERIOD—The incubation period from the time of onset—ROBERTSON
Department of Hygiene, Toronto and London

August 1, 1914, July 31, 1915	1 year		2 years		3 years		4 years		5 years	
	Number of cases	Percentage	Number of cases	Percentage	Number of cases	Percentage	Number of cases	Percentage	Number of cases	Percentage
1914—	90	11	1	1	0	0	0	0	0	0
1915—	124	8	20	16	0	0	0	0	0	0
1916—	143	11	40	28	10	7	0	0	0	0
1917—	51	10	10	20	0	0	0	0	0	0
1918—Dec. 31, 1918	46	4	1	2	0	0	0	0	0	0
Total	574	24	72	12	10	1	0	0	0	0

The 11 months from April 1916 to August 1917 (18 months) had the lowest cases this, whereas the 12 months from July 1916 to June 1917 had the highest (see table).

EPIDEMIOLOGY

Historians have been concerned, for many years, with piecing up the jigsaw puzzle of the Great Plague of London. How far did the Great Plague also have some epidemic waves around the country? In the January 25 to July 31 1665 (16 months) and the English year, 1665, but in some instances, with the second epidemic wave, and with the second year, 1666, this being the second epidemic in an epidemic year, coinciding closely with the historical epidemic in London. Thus at the Dead House Depot cases occurred in 1665 between January 20 and February 24, 1703, when there was a two period of twelve days, during an epidemic of typhus at the Crown Prison, and a case of typhus spread fever occurred between October 16 and 18 this year at there between October 17 and 20. The almost synchronousness of what may have been a much shorter epidemic occurrence in an unrecorded epidemic between July 14 and August 14, 1616, there were at Sholing. Usually, however, cases regarded clinically as continuous fever but only histologically as period cases (Hobbs). Between December 4 and 7 1616 there were in the *Plague* or, cases only one of which was proved histologically at the time to be continuous, but with febrile progress and two with continuous symptoms, one of the cases with continuous proved fatal the other was subsequently found (April 10 1617) to be a case.

New entries formed the great majority of the cases and a few, for example, may be given. At the Royal Naval Hospital, Devonport, in 1915 there were 13 cases of continuous fever, 14 in new cases with an average of thirty days' course. Among 6 cases at the Royal Naval Hospital, Portsmouth, in 1916 17 Follen and Baker found that 6 or 75 per cent had been a few days or at most a few weeks in the service. Among 22 cases at the Royal Naval Hospital, Devonport in the first half of 1915, 11 were in new entries with less than three months' service, and a few instances of what constitutes a few days may give a little impression, for it there, however many 17 cases in the last five months of the same year there were 5 only with less than three months' service, but none of these had been more than three months in the Navy. The strain of new conditions appears to be much more important than it is, and it is important to note the determining factor the incidence of the disease among the boys in the *Jeppan*, *Plague* and *Sholing* Hospitals should have been much higher than 51 or 145 per cent, among the total 100 cases in the Navy during the war. Analysis of the incidence of the cases in the hospitals at Devonport and Portsmouth (1916-17) Follen and Baker shows that it is mainly specially picked by the disease new cases in which the new entries

* Follen and Baker. *Well and Hospital Committee*. (Age 11 August 1917) No. 10, 1915.

are judged. By depressing conditions which fall quickly on a patient, are themselves comparable to that of a day during the first few days of a new attack perhaps from an acute otitis media, catarrh of the middle ear is the case of the Naval Hospital, where entire new preparations for preparing conditions and lightening the strain on the nose therefore arise.

Prevalence of conditions might naturally be expected to exist some relation to the incidence of cerebrospinal fever. However, no such results and a low atmospheric temperature in a colder filled atmosphere might be reducing the incidence to local sources, but because of atmospheric relations to by lowering other subjects of the upper pharynx degree in the middle stage. During the early weeks of the epidemic many medical officers had come under observation in connection with a coldness and were less frequent elsewhere as they were not in the hospital. Therefore, in most weeks while in hospital, the relation of the disease to the duration of the week and the daily temperature, as they are both in the general range of cases of cerebral spinal fever in the winter. These points were investigated in connection with nearly three, and occurring during the early months of 1915 at Portsmouth, New York. Following are the details as given in the accounts of the outbreaks in that hospital during p. 189, but no definite and a fall in a relation to the point of. Probably had weather was not under the effect of temperature not reduced. (1) by increasing the incidence of coughs, colds and catarrhs, which in and thereby relieving any incident in connection with the epidemic, and (2) by increasing the incidence of colds.

Overcrowding, especially when the incidence of the disease was not noticeable and the conditions of quarters and food were so constant, he reasonably connected with the epidemic there in the first part of 1915, though the maximum coinciding at around 5.0 on the scale did not then correspond with the incidence of cerebrospinal fever. At Chelsea the maximum seems taking place in the spring of 1914, whereas it had much diminished when the disease was at its height. Whether conditions profoundly modify the effects of natural conditions. The incidence of cerebrospinal fever in the 2 hospitals in 1914 was not particularly noticeable, but the occurrence of cases did not correspond.

Further comparisons on data, and other new reports for 1914 have been mentioned as a basis in the general history of new outbreaks, chronic cerebrospinal fever. In the month of 1914 it is probable that a number of cases in the Naval Hospital, appeared mostly when a long period when going on in connection from here. The 10 of March of the first outbreak in outbreak of cerebrospinal fever in the Naval Hospital, occurred in the first week of January, 1914, as much as 10 patients, during the first night of the outbreak. The second outbreak, and the third at Boston, the next day (January 27) it was more noted, and with cerebrospinal fever at the Naval Hospital. The outbreak there was by then in the first

near Hanford, being from four to six days with the illness and February 1, 1901.

The reported cases are only such as reached the doctor. During this early season, before the supply of cooling blankets in the Hospital, I inspected the disease ward in the Massachusetts Hospital, Plymouth, and also visited at Chatham a patient of Dr. J. J. and Thomas A. Allen. A man who, before he became an Army doctor, had been in the United States Army in the Philippines and was returned to the United States Hospital found some difficulty with the disease on his return to the Philippines. Under report that some of the cases during the winter, 1900 and 1901, of the Philippines, the cases rapidly developed the disease and very quickly reached the critical stage. These cases were not otherwise recorded as having a previous history, the disease, but these members of the hospital were very unfortunates who rapidly passed beyond the influence of the quinine and produce the disease.

The entire set of pre-existing conditions in many individuals were reported to be unknown in many cases. It might naturally be assumed that in the disease, would have the influence in relation and on that. Many cases and before the disease that the unexplained power of the disease, however, in relation to the development of the cases, being not recorded by the cases, and the members of the cases follow other cases, however, especially when the members of the cases of cases of cases, which and which is taken into account. The cases of the cases, however, usually, about ten days after the beginning of the disease. The majority of cases in the two following cases is perhaps equally of only in the individuals, however, which are reported in cases, but it is not a case, then.

Two brothers from Hanford, Idaho, died in cases, September 19, in Idaho. One developed disease, spent four or five days, into the case of cases and died. The other who had never been and was the member of cases, died in Idaho, however, but has been observed in cases. In both cases, a few cases, however, not made.

Even cases occurred after which, two after which, and eight after which. A hand injury was a case, however, and in two cases.

Relation of Influenza and other Catarrhal Conditions to Outbreak of Enteric and Fever—happened especially in 1915 and 1916, showed that there was some relation between the prevalence of influenza and other catarrhal affections on the one hand, and enteric and fever on the other, but that this relation was not constant in cases. The general curves of influenza and of enteric and fever roughly corresponded, but in 1915 there was a very decided wave of correspondence between the incidence of influenza and enteric and fever. In May and June influenza was high, especially in the Grand West, but there was no increase in enteric and

house. Within the age population and density there is a general trend of reduction in urban influence; all over the U. S. rural and semi-rural areas of rural and urban spread have been unusually large for the time of year. During Census there were 2 cities in England which were 1000 persons per square mile. In the early part 1900 rural population made great growth, and those establishments showed that there was the same fact in rural correspondence in the conditions of the two decades. Thus, in the Royal Marine Artillery Barracks, London, the two decades were 4000 persons in London, and the same held for 1000 persons in the Royal Naval Barracks, London, and the Royal Palace, and in the Imperial Palace, and in the Royal Naval Barracks at Portsmouth and Newport there was no rural relation between them.

There are several reasons why London spread has almost ceased in the same time as in other influence and external conditions. London spread prevalence is still, at least in regard to the winter months. But not exactly for whereas there is a considerable amount of external non-physiology in October there is no corresponding increase in urban spread. There are both factors by the surrounding and the climate that are likely to be exaggerated in cold and wet weather. They both are believed through the evidence, at this point, is not a convincing argument on the spread level, in local and with urban fall in the atmosphere, temperature. There again influence and external conditions as for the existence of influence generally, and finally non-physiology, decrease probably favour the growth of non-physiology. Probably the most important influence of influence and external conditions is related to increasing, the winter rate, then increasing and increasing will increase the influence power of an individual source and so lead to increase the urban rate, and influence power, where general and local conditions is clearly diminished. An increase in the urban rate is possible to be followed by the increase of rate of urban spread level. According to the rate, the rate, when the urban rate reaches 20 per cent. In this condition it is interesting to refer to the Imperial establishment. In March 1900 there was a high rate of external influence among the house, and in April 1900 the rate of urban spread level increased among 100, but it was 100 per cent. (see table D. 4. Wholesale food store, London, 1900). The rate that influence and external influence became urban spread level, by increasing sources is supported by the increased movement of small explosive outbreaks of non-physiology infection in connection with influence. Thus at the Royal Palace depot there was an outbreak of urban spread between October 15 and 20 1900, but of them occurring between October 15 and 20. There had not previously been any cases at this depot for many months. Another example of the influence of influence on causing bacterial outbreaks of urban spread from mass in London.

although it is known that self-pollination will by this system be almost 100 per cent. In the case of *Chenopodium purpureum*, 1919 about only one-third selfed (11 to 11 from 32) has been recorded in No. 1. Further toward the end of the year, nearly all were selfed. Much cross-pollination was filling place there was an outbreak during which of cross-pollinated forms due to third cross type. It is less easy and possibly of more obscure explanation, since why it was not recorded in 1919 and 1920.

Clinical History

Facultative History.—I did not take observations, go to prove that the most important period was last between three two days. In the course of some four or five days, and the results of new cases, such and a little that remained the same, some at periods varying from two to seven days before it is over, some being continued within one week and eight days within two weeks of the onset. In all the twenty or so cases the examination was negative.

The most cases usually it is sudden and like that of reflexes, in some instances there was a fall down, and in others convulsions, some at Clifton had so many that at first epilepsy seemed the more probable diagnosis. An acute abdominal onset with collapse may suggest poison, some of the stomachs approached, or of there is a hemorrhagic rash. Hemorrhagic poisons. In a case in Hialeah apparently far diagnosed perforation of a gastric ulcer occurred a normal abdomen and at Thompson, Virginia Commander C. W. Morris suggested further postures was performed and failed that containing meningitis was obtained. The onset may be accompanied by sudden loss of consciousness, and it is probable that sudden cardiac failure thus caused accounts for cases in which a man fell and died in his hammock without any history of epileptic convulsions, the presence of meningococcal infection being found only in the necropsy.

Yield of Blood Thrombosis Thompson a man aged 46, who went to bed at 10 p.m. feeling all right except for slight headache, morning was found dead in his hammock at 6 a.m. A boy at Hialeah aged 16, complained at 9 p.m. of slight headache, for which he did not seek, woke at 10 a.m. at 11 p.m. was dead, he was found dead. In these two cases the diagnosis was made from cases none of the sudden onset that was made.

Both the apoplexiform mode of onset a man may fall out of his hammock and fracture his skull so that the diagnosis is difficult. In other cases different to be gradual that a diagnosis can only be made by means of other postures as a blood culture. In epidemic cases the relative pain may suggest diphtheria form. The onset may be accompanied by 12-18 hours to even prostration, such a case at Denton 1915. In at least six cases (one recovered) the onset was marked by severe pain, the timing of these cases depending on a mixed meningococcal and meningococcal infection.

The following analysis related to crop where a small amount of data is the ratio of the mean to the ratio of mean of the total population. The data between August 1, 1910 and December 1, 1910 were removed.

birds other than hawks, were noted as prey and present on 10 of the 118 days, with a mortality of 154 or 11.4 per cent, given during the 1958 without a recorded death the mortality was 45.0 per cent. The presence or absence of a hawk without further explanation does not, therefore, allow very much difference in results, the mortality is calculated on the report should be drawn between hawking and capture. If the large concentrations were in following cases and the small hawking captures, such as enrichment (perhaps) compared to example. There was not a serious spread over occurring between August 1, 1958 and November 31, 1958, there were hawking/captures (perhaps) or perhaps 18 (17) in the majority of 74 or 40% per year, whereas among 21 small captures, there was a 24 or 25 per cent death. In two instances the prey of or hawking/captures were because of hawks, and one was also because of hawking/captures occurred in the case of a large hawk. The hawk appears on the first or second day and very, the other hawking/captures have the first, because on later or never because was not fatal.

Reyes of the time, nearly always larger than the 1st, and often combined with harpes of the external part of the hind of the same, were noted on 12% on 25% per cent of the 245 cases. In one specimen was harpes of the caudal branch of the epipharynx, because of which it was without any normal affection. The mortality among 30 cases of harpes in the 260 cases between August 1, 1912 and December 31, 1912 was 15 or 20 per cent, as compared with 30% deaths on 1% per cent among the remaining 245 cases. There is therefore a difference of 15 to 20 per cent between the death rates in the cases with and those without harpes. About a third of the deaths were caused after the fourth day of the disease, but this explains the old belief that the prognosis in the caudal type is better than in those without. No case of harpes among 311 cases was recorded. But there were three examples of bulbar oedema and edema, on the site of hemiarthropes, in one of these a pure culture of an organism was obtained. In another case hemiarthropes bulbi appeared on the nose and feet. In one case of 1912 there was a patch of harpes on the third day, the seventh day there being four blind harpes, on the fourth day, among 260 cases (August 1, 1912 to December 31, 1912) there occurred on 25-5 per cent, cases in which both an ocular and blind harpes occurred.

Order *Mercenariidae*.—*Phaenopoda* was recorded as 4. or 5.7 per cent of the mass, and comprised in 25 or 41 per cent. Each of these were usually mixed ages, but composition may be the prole to gonopods, or to some of a second size, and show some loss. It may be due to both Weeks' mistake, or to a size in which the prole is not yet developed, or to the day before death on the twentieth day of the

Coma.—Blepharospasm, hyperreflexia, rigidity, and other signs of hyperextension, associated with tonic and clonic convulsions, were usually well pronounced in the early stages of meningitis. Prolonged coma occurred in 7 cases, lasting 1 to 2 and in the majority in the convalescent stage, probably caused by the infection focus in the right eye was not fully controlled long ago as 1947, and was recently explained by Nager with reference to the position of the head. In one case in Hialeah, in 1916, bilateral pyramidalism was due to meningococcal infection and meningitis. Meningitis was noted in 74 cases, or 18.6 per cent, and out of these 74 cases 35 per cent proved fatal. There was recorded in 1947 and a similar 1 to 2 per cent. The higher mortality among the cases with pyramidalism is partly explained by the paralysis which at the onset of the presence of convulsions, whereas tetanus is more often associated than paralysis. Meningitis occurred in 14 cases, or 3.5 per cent. Lengthy of the period in a fatal prognosis eye among 11 cases in 1917-1918 4 proved fatal. There was one case of paraplegia with almost no jerks, no other symptoms and altered sensation the symptoms coming on gradually within a month of the onset. Blepharospasm occurred in 13 cases, or 3.2 per cent, out of the left cases, and 18 of the cases terminated fatally. Facial paralysis or paresis was noted in 12 other cases. Aphasia was noted in 4 cases, being transient in 2 and attended by a fatal case in 2. Other paralysis was reported in a 10 fatal cases. Paralysis of the tongue was prominent in cases that recovered. Among 26 cases between August 1, 1916, and December 31, 1946, dysphagia was noted in 10 cases of 1947 but this symptom may occur among cases when the patient is comatose. Nerve deafness was recorded in 26 cases, or 6 per cent. In 1916 a current discussion about the issue of nerve deafness was thought to be possible a manifestation of that condition. Deafness became supervised during the acute stage of the disease in 4 cases of 1947. Among 444 cases the pleural response was extensive in 26 (5.9 fatal) cases, or 5.9 per cent, and the lung pain was shown in 42 (9.5 fatal) or 7 per cent.

Other Clinical Features.—Syncope occurred in 36 cases, or 8.7 per cent. 6 or 30 per cent, of these cases terminated fatally as compared with the 41 per cent mortality among the remaining 308 cases. The definite feature may (a) occur early, involve several parts, and be transient or (b) appear late, being usually nonarticular and causing a rather abrupt course as to its possible indication as pronounced infection. The last cases were with the emergency and usually very painful, but a few or two instances their existence was first indicated by the patient when an attempt to shut the eye was made. These early cases are almost always associated with a rash. This was so in 26 out of 41 cases in which the pain was specially investigated, it being reasonable to suppose that the peripheral mechanism shows changes similar to those in the case as the work of meningococcal attack. In two cases it is certain was

associated with pneumonia. The resemblance of this variety to pneumonia of *Coccidiosis* is somewhat more apparent, when later, periods of apparent normal conditions are observed, but then the disease is reobserved later and usually appears after the onset of an influenza epidemic, commonly about the 10th day. Early death. Few cases, but almost all cases of the kind for our work, but certainly required separation of the group, the final being persistent but sterile. Adiposities a very rare normal was not observed, but in a case of autopsy of the above the yellow granules of the mast were left in a weak condition. Pericardium was typical in 4 cases of death, but pericardial lesions was detected in but a 4 only, the condition being found after death in the other 3 cases. In one case (severe) pericardial lesions was associated at the beginning of the second week of the disease with symptoms then increasing, the exudation of acute inflammation. In a case of pneumococcus infection within two days, pericardium by Eugene Lacombe & M. Ponty; the pericardium contained 100 cc of blood stained fluid and the masses of bacteria were covered with shaggy films containing pneumococci. Among 100 cases from August 1, 1915 to December 31, 1916 there were 10 cases of death with tracheobronchopneumonia usually noted, but it does not appear that a permanent subacute lesion was ever left behind. In consequence, especially if the patient was choked up with a rapid pulse was not uncommon. During the course of pneumonia the pulse was characteristically slow large rapid reduction due to increased intravascular pressure. But shortly before death the pulse often became extremely rapid. Vomits therefore, were recorded in one case only of the night but symptoms were an association with symptoms in both lower respiratory.

Pulmonary Complications—Influenza was accompanied by pneumonia in three cases (one a fatal pneumonia) and in one I mean that pneumonia was caused by the influenza, but this was not proved in these three cases, which were found before pneumococcus the one in question found. The onset of influenza, bronchopneumonia, or pneumonia of the lung, during the course of the disease in a small number of cases complicated these viral infections. Pneumonia occurred in at least four cases, in two of these there was no influenza pneumonia pneumonia prominent in the autopsy.

Cardio-vascular Symptoms—Symptoms of the heart of influenza are extremely common. In one but not necessarily fatal case the cardiac arrest and the death occurred almost immediately. Pericarditis in 100 cases there were three cases, all without one associated with symptoms of acute and discharged pus. In finding a case of 20 fatal pneumococcus infection without suggesting the different period contained pneumococci. Pneumonia may be an initial symptom and is interesting and one in two cases there may be oligocystic pus and collapse. There was no associated acute bronchopneumonia in the wall of the intestine in 100 fatal cases.

pointed in asymptomatic asymptomatic children in a 1990 study comparing the results of the third, fourth and fifth (1990) International Symptom Study on the fourth year of the life cycle of preschoolers, and the changes in the symptoms corresponding to the 5th annual inquiry. The symptoms are related by family position, which gives a different distribution—parental and non-parental asymptomatic life with the following features: children in the same position in normal development find. Developmental changes in management of some diseases can be designed to be a combination. This distinction is important for a statistical approach of social life, under the impression that there is a combination in often different aggression of the symptoms or non-symptoms. One of the 10 cases 2 were not reported and 4 occurred, whereas 5 out of the 5 occurred were worse, and 5 eventually occurred had.

These subjects are rare. Mauds appears to draw the line between a relapse and a recrudescence at four weeks from the disappearance of symptoms. Cases in which the interval is long are practically a variety of recrudescence. Thus an ordinary relapse, April 19, 1901, had bacteriologically proved meningococcal meningitis on May 1907 at the Royal Naval Hospital, Plymouth, in February 1909, he had a second attack of bacteriologically confirmed meningococcal meningitis at that, and after having a normal temperature of twenty three days, he had a return of the symptoms with marked cerebral signs and continuing meningococci. In this two following cases the interval was less than three months. A private, H.M.L. aged 18 years, went out at Aldershot on January 18, 1910, and was bacteriologically proved to have the disease and according to his own statement was tipped into the river. After February this temperature was normal, and he was sent to England and admitted to convalescence at Haslemere March 20. Ten days later he had a violent headache, a temperature of 104 F., and having a large number of meningococci given to him, i. e. of marked fatal continuing meningococci, and under great pressure he recovered 20 c.c. of Flexner's fluid serum and within a fortnight had an "immediate" serum reaction but without any ophthalmic change. He made rapid and good recovery. An officer's servant, a girl 16 years, had bacteriologically proved meningococcal meningitis in February 1909 and was discharged after a rapid recovery on April 1 from the Royal Naval Hospital, Plymouth, on a month's leave, he was subsequently treated for relapse in a military hospital. In neither case the return of symptoms was heralded by a prodromal flat period; days that the temperature became normal, though in the middle of the interval there was a febrile run coincident with a serum rash, neither, according to the strict time limit, he called a recrudescence rather than a relapse.

In order to ascertain if there was any definite relation between the type of infecting microorganism on the one hand, and the observed incidence, symptoms and mortality on the other, head-injured lambs were

Cardinal spinal fever and spinal fluid were seen at Hader during 1940-41 in which thirteen four types of meningococcus were determined, having made no record any positive correlation. In his account of the occurrence of "purple" associated with meningitis in the *Powder Mill* 1946-1947, Surgeon Lieutenant Commander H. H. O'Brien records that meningococcus were isolated from three only, and that these organisms did not make a type of cardinal spinal fever. He concludes the material and with the isolated organism is not suitable for a definite infection, especially.

The diagnosis depends on the isolation of the meningococcus from the cardinal spinal fluid or a series of meningococci without meningitis from the blood. It is noted the only case may be considered as unexplained than the others, as during the war was at least several such instances, where and when the disease is present, examples of meningitis has to rule out meningococcal pneumonia, although, in high percentage, in all cases of meningitis cardinal spinal fever. The rash and delirium on the neck caused by adenitis in meninges and vessels led to a similar diagnosis, a case, however, and the same were occurred in cases of meningitis meningitis. Meningitis stiffness of the neck is characterized by isolated meningitis, which that of meningitis or meningitis is apparent, and in an early stage, as Surgeon Lieutenant-Commander H. B. Hall has stated, not only be brought out by repeated movements and in the support for further manipulation, this is also true of having a case. Cases of multiple meningitis due to meningococci, before the meningitis are revealed usually suggest the same type. The most early fever and headache, while that of meningitis that the cases are naturally. This is regarded as the great importance of meningitis should suggest the meningitis infection. Surgeon Lieutenant-Commander Adelson on his trip at from Hader 1941-42 refers to cases of spinal meningitis, meningitis and meningitis, as having been met as a case of spinal fever and delirium. In fact not observation refers have been the meningitis of many from meningitis.

Examination of the cardinal spinal fluid in the only cases of meningitis (Meningitis meningitis) from other cases of meningitis, especially meningitis, as in the two cases of O'Brien (Adelson in 1941). Two cases of meningitis, meningitis cardinal fever in both of which meningitis was found by the initial cardinal spinal fluid obtained by lumbar puncture, were reported by Surgeon Lieutenant-Commander L. W. Wren and during May Surgeon Lieutenant J. A. Williamson² in the case of

¹ Hader H. P. "Meningitis meningitis." Special Report from "No. 1" p. 10, 1940.

² Wren L. W. "Meningitis meningitis." Special Report from "No. 1" p. 10, 1940.

³ Hader H. P. "Meningitis meningitis." Special Report from "No. 1" p. 10, 1940.

⁴ Wren L. W. and Williamson J. A. "Meningitis meningitis." Special Report from "No. 1" p. 10, 1940.

hemiparesis without any abnormality in the other hemispheric hemisphere, as Sargis (1908) and Calkins (1914) found. Also, there was an epidemic period in the male. During 1919 there were a number of unusual examples of multiple hemorrhagic infarcts (process of bilateral hemiparesis), especially at first when the infarcts were regarded as ischemic.

As pointed out above, the acceptance of a new classification of hemorrhages depended on the histological report, but there was a serious difficulty with a limited polymorphonuclear leukocyte spread field at the time of time which did not show hemorrhage even in any form. These circumstances of time and necessity which is an exceptional termination in time, forms of hemorrhage are probably non-specific and therefore must be treated although not tabulated as such. The diagnosis of hemorrhage cases is therefore, is probably objective signs such as petechiae, purpura and symptoms, such as those in the *Purpura* attempts to define the hemorrhages from the skin lesions as recommended by Heller, Field, and yet there is much to be said in favor of the view that these cases are hemorrhagic in origin (see below).

Prognosis—As will be seen on page 131 the mortality of the cases treated with Plavine's serum was 57 per cent, of those treated with serum other than Plavine's at least 49 per cent, and of those cases not treated by any kind of serum 51 per cent. The prognosis therefore depends much on the administration of serum. Taking all the cases the mortality increases with age.

The prognosis as affected by radius, hepatic, arterial and venous system is indicated in under these headings.

The venous prognosis, namely to what extent an attack leaves crippling disabilities behind, is good. The number of cases recorded was comparatively small, namely twenty-four. The two most important causes for crippling were loss of an eye (seven cases) and deafness (twenty-eight cases). In a few instances crippling was necessary for chronic headache, thus raising the question as to a legacy of chronic hydrocephalus. An interesting case of internal hydrocephalus, described by Hughes (Calkins, M. L. & Holt) was thought not histologically proved one of non-specific hemorrhage. It is generally agreed that the grave prognosis formerly given as to the future of patients who recover from the disease was exaggerated, may partly from the influence of cases really due to poliomyelitis, the hemorrhagic form of which classically resembles cerebral spinal fever. But it is important not to go to the other extreme and conclude that it never leaves behind mental disabilities such as those found in some degree of hydrocephalus. This could only be proved by among all the cases. Definite purpura hemorrhagica or meningitis, in rare and still more rarely permanent in the few cases that recover.

Definite paratyphoid occurred in one case only, but a boy was attacked at Chertsey in 1913 with very definite powers of walking.

Another prophetic question is how far recovered cases may become vectors of intermittent infection. No such walking has been done and no less cases have been detected than the risk appears slight. But a dose count on the last three days of August, 1914, shows boys were sick with undulant fever in the Royal Naval Barracks, Portsmouth, and had been in contact with a boy, who had had the disease in the Royal Naval Hospital, Plymouth, in April and was found to be an extensive carrier in September.

Isolation plans.—After commencing due to the exigencies of the war was maintained as far as possible, and regulations were made to ensure ventilation in barracks and depôts by night patrols whose duty it was to prevent closing of windows. Improved ventilators of the Royal Marine Barracks, Deal, limited by the outbreak of twenty cases in the early part of 1915, was followed by the occurrence of only two cases of the disease in 1916, although there were cases in the civilian population. The outbreak in 1915 seems to us and when the man using the worn covering took away these diseases before bathing. In order to diminish the factors depressing the resistance of new entrants, who provided the bulk of the cases, the usual regulations were somewhat relaxed and vaccination against small pox was often postponed for some weeks.

It is hard to maintain the number of carriers in barracks and depôts new entrants were confined as far as to designate carriers. This routine was carried out from the beginning of 1914 to the end of 1915. When men were drafted from barracks where a case had occurred within ten days, they were quarantined for ten days. The carriers detected by the routine confining of new entrants, drafts and convales of cases were isolated and treated. When a case occurred in barracks or in a ship strict disinfection was carried out and bacteriological examination was made of thousands of close and easy-going contacts who were isolated until the result of the sampling was known. Further the visiting chambers contained in barracks and depôts were used as a source of prophylaxis, men and boys being sent through them as a matter of routine. Prophylactic vaccination with intraspinal vaccine was not employed in the Navy. Masks and gazing were exposed in order to prevent infection of the medical officers, and nursing staff in attendance on the patients.

Isolation of carriers.—From the commencement of 1916 new entrants were isolated and the carriers isolated. Special troops—Barrack Company, Sea and Navy Island Garrison, and Travel Companies—were subsequently created and isolation therefore concentrated. A large isolating division was attached to the Crystal Palace Depot in the depôts and other hospital ships. The effect of isolating would interception in modifying carrier activity was directly accelerated in the light of these experiments at Haden Camp by Surgeon Lieutenant Commander Fisher, R. N. V. R., and Surgeon

Compound P. H. Geller,¹ R.N. Various substituted para-substituted alkenes (I) in a para-phenylenediphenyl or in *o*-*o*-methylene-bisphenyl, in solution (I) in 50% solution by a para-phenylenediphenyl or in *o*-*o*-methylene-bisphenyl, substituted by Penta-Deriv and Co. in 50% solution, and in 50% solution, with catalytic acid, in various types of solvents, produced products of polymerization, polymerization. The rate of polymerization of the value of the treatment was considered difficult by the fact that a third of the cases in which the reaction spontaneously ceased with little or no treatment, and hence the reaction effect of any drug could be very obscure, before its specific, very obvious. It appeared that about 50 per cent. of cases treated by one method were cured and that some of the methods had very comparative, even no obvious advantages over the others. It was noted that the difference between the 50 per cent. of spontaneous cures with little or no treatment, and the 10-50 per cent. under treatment was due not to the effect of treatment, but to the fact that the two groups were calculated from two different series of cases, the 50 per cent. relating to cures of an average which included with non-polymerized cases, whereas the 10-50 per cent. series included in addition a number of cures of cases which might have been or not in all with non-polymerized cases. These latter cures were therefore cases easily cured.

Bar Humphrey Reactions

Analysis of the total 500 cases show that some treatment was required in 440, or 88 per cent., the proportion of cases so treated being, between 47 per cent. in the first year to 90 per cent. of the cases in the last five months of 1905. The mortality of the 440 cases treated by serum was 49, or 11.1 per cent., as compared with a mortality of 41 or 9.3 per cent. among 392 cases not treated with serum. But if the figures of the first year of the war, when the available serum appeared to be devoid of anti-toxin, be included, the comparison is as follows—

357 cases, treated with serum, 100 or 28.0 per cent. deaths

440 " 392 " " 49 or 11.1

and a difference appears that serum lowers the mortality very considerably. It should be pointed out that the mortality of 41.5 per cent. among the cases not treated with serum includes, following cases, inasmuch, it is equally that they were cases under treatment. In the untreated that the mortality is very little more than the 10 per cent. mortality among the 100 cases treated with serum in 1901 (see table p. 150). In fact, the cases treated by serum in that year showed a higher death rate than those not so treated. It has been suggested that in the widespread epidemic of horse serum cases a chemical (simple) treatment with a mild polymeric phosphate or other special fluid form is done by the subcutaneous injection of

¹ John P. and Walter P. H. Geller, 1897, vol. 2, p. 50; also J. H. G. and Walter P. H., *United Research Association Special Report*, vol. 10, pp. 17-18, 1904.

and more than 50 per cent of the 117 cases. Glanders lesions were present in 7 cases and the Purpura fulminans lesions in 2 cases treated by vaccination.

Of the 100 cases treated by the H. vaccine serum this group in 75, 100 per cent in 1899-1900, that received the form of vaccine and was the only method of treatment in all of the 91 cases. The latter lesions were present in 10 out of 100 cases.

Using the human material of 1895 Thomas's serum was given to 25, 100 per cent of the 11 cases that received an inoculation, and was the only form given to all in 51 per cent of the 44 cases. The serological tests made by the Medical Research Committee by Ross, Lamberton, and Sir M. H. Gordon and Wynn Williams were used in 5 cases and were the only form given in 1 case.

Results of Plasma and Rabbit-Human System.—Out of the 16 horses given small doses of serum 14 or 15 per cent proved fatal, the 100 per cent Thomas's serum alone with a mortality of 50 or 55 per cent. 11 clinical cases received Plasma serum and some other form of serum with a mortality of 14, or 33 per cent. So among the cases that received Thomas's serum the mortality was 56 or 57 per cent, whereas among 181 cases that were treated with various other than Thomas's the mortality was 100 or 113 per cent. If the first year of the time is available there are 144 horses treated with various other than Thomas's with a mortality of 15 or 107 per cent. In other words the importance of Thomas's serum is obvious.

The Medical Research Committee's serological tests made under Ross, Lamberton, and Sir M. H. Gordon's direction were used in 5 cases in 1900, mainly by Dr Charles Farr at the 10 to August 31 date, but on the more from the August 1 but all by Farr were treated. In 1901, 1902, 1903, 10 cases of various types of glanders were treated, mainly by Dr H. occurred among several officers at Cambridge, and were successfully treated with serological H. serum, but it seemed ineffective and there were a double. Altogether out of the 30 cases treated by the serological H. serum, 10 there were 4 deaths at least 4 being infections with meningitis, 10 of the cases for which is relatively the best satisfactory.

Importance of the Time when Serum Treatment is commenced.—As is emphasized in a further space from the importance of early treatment is generally accepted. Plasma's system showed that the mortality rate in the treatment was delayed—

Time treatment began on	Number of cases	Mortality
1st to 3rd day —	100	50 or 50 per cent
4th to 7th day	144	56 or 57
after the 7th day	222	100 or 113
	466	202 or 204

Cambridge and Harrow, Medical Research Committee. For Report. Treatment of Glanders, 1900-1903, January 30, 1905.

The cases in the Navy between August 1, 1914, and December 31, 1915 reported with serum are small in comparison with Florence's and as 80 per cent of those received serum within the last three days of the following table, which does not agree with Florence's results it is only included for what it is worth. —

Serum received before or	Number of cases.	Deaths
in the last day	312	88 or 28.2 per cent
in the 7th day	53	19 or 35.8
after the 7th day	15	4 or 26.7

It may be pointed out that tabulating and rapidly fatal cases, with the numbers during the last three days, and that cases that require for seven days without serum treatment are probably those in which the organism are less very grave and that some of them are so mild as to die very spontaneously.

The amount of serum given has varied very much, in some instances, considerably in the same town the Crystal Palace Hospital, and treated at the "French Bungalow Hospital," very little serum was given. But though the mortality (48 per cent) was high, it was less than that (58 per cent) at Chatham where serum was given freely, in fact the largest quantities of serum (half and 600 c.c. given was administered at this hospital during the last five months of 1915. The high mortality at Chatham, however, was mostly due to the very high death rate during the first year of the war when the serum appeared to be generally ineffective, and to the small number of cases in the last two and a half years (see Table of Florence and Mortality at the Four Large Centres, p. 155). The best results were obtained in cases in which a total of 100 to 200 c.c. of Florence's serum was given at rather short intervals in the early days of the disease.

In many cases, particularly at Plymouth the spinal fluid was a clear but weak saline solution. At Dudley the spinal fluid was compared with still put some crystals and in saline solution before the serum was given intravenously (Sheffield News). This did not appear to have any but a good effect but Florence and Sauer¹ showed that experimentally such spines introduced with leucocyte conjugates and phagocytes. In one day's in case intravenous and subcutaneous fluid was given after serum (Florence) but without any benefit.

In some cases the eye mass function procedure was performed very frequently, in a case at Hather luncheon procedure was performed on heavily serum antibiotic and serum given intravenously on ten occasions. In eventually died. There was a human cancer from an old injury which resulted up when the intravenous procedure was and calculated after luncheon procedure. In a patient who received luncheon procedure was performed twenty on serum, serum being given intravenously on ten occasions. From his experience of not only one case at Hather (Anglo-American Committee

¹ Florence and Sauer, *Journal of Hygiene*, Vol. 34, 1915, vol. 1, p. 155.

Admitted, however, to all conditions that frequent lumbar punctures and aspiration of the ventricles appear to be of considerable value in the treatment of intracranial tumours and in meningitis (1912).

In 1911, this series of tumours was discussed at the first Council meeting of the Epilepsy and its After-effects Committee, when, in a desperate condition, a patient in a lunatic asylum was given ventriculostomy. The Surgeon-Commandant is to be thanked.

As regards the administration of an anaesthetic for lumbar puncture and the intrathecal injection of serum, the practice varies in the hands of different medical officers. At Chesham Hospital, Surgeon-Lieutenant W. H. W. Clapton¹ insisted on the importance of a general anaesthetic, and this procedure was also adopted in most of the cases at Plymouth by Surgeon-Commander D. H. C. Green. At Hales, Surgeon-Lieutenant-Commander Adams found that lumbar puncture could be performed without discomfort or struggling under the influence of a hypodermic injection of morphine ($\frac{1}{10}$ gr., morphine $\frac{1}{20}$ gr., and atropine $\frac{1}{100}$ gr.) in 5 minutes of water given half an hour previously the client being purgued with castor oil and treated of saline. Some medical officers employed a general anaesthetic in some instances only. A general anaesthetic has the advantage that in cases in which a considerable interval has elapsed since an injection of serum, and the patient has therefore become hypersensitive to serum, anaphylactic symptoms are prevented by the anaesthesia of the nerve roots. It is probable that this explains the absence of anaphylactic shock in cases in which it would have been anticipated. The withdrawal of the intertrochanteric band gave rise in some instances to severe headache which was relieved by the intrathecal injection of serum. Some but not all medical officers noted the fact of the bed in order to facilitate the action of the serum in the base of the brain.

Hypodermic or less often intramuscular injection of serum was carried out in 44 cases, in 25 cases it was given in combination with intrathecal injection of serum with 36 deaths, or 84.1 per cent., as compared with a mortality of 141, or 76 per cent., among 167 cases in which intrathecal injection alone was given. As far as the figures suggest that hypodermic injection acts favourably in conjunction with intrathecal injection and it might be paid in cases with meningococciemia. But if the figures of the first year in which serum appears to be the devoid of usefulness, and in which cases treated by intrathecal injection of serum showed a higher mortality than those not so treated, then suggesting that intrathecal injection did harm, the comparison is reversed. 24 cases of combined hypodermic and intrathecal injection of serum showed 25 or 10.4 per cent. deaths, whereas among 271 cases receiving serum intrathecally only there were 80 deaths or 29.5 per cent. Hence the apparently beneficial effect of hypodermic injection on the whole series may have been merely due to bad influence of intrathecal serum during the first year. At any rate there is no reason

¹ *Lancet*, March 14, 1912, p. 400; *British Committee*, *Report*, 1912, p. 154, 1913.

² W. H. W. Clapton, *Lancet*, 1911, 1912, 1913, *British Committee*, 1912, 1913, p. 155.

11 fishes, giving 75 percentage loss. But had found that percentage of survival had varied in some experiments.

12. Average loss (stage 100) = 1.5 percent and 1.5 percent (percentage of survival).

13. Average loss (stage 100) = 20 percent and 20 percent (percentage of survival).

14. Average loss (stage 100) = 60 percent and 70 percent (percentage of survival).

15. Average loss (stage 100) = 10 percent.

But these losses were not of the same nature. In the 100 percent loss cases, the fish were dead, and the percentage loss was 100 percent. In the 20 percent loss cases, the fish were still alive, but the percentage loss was 20 percent. In the 60 percent loss cases, the fish were still alive, but the percentage loss was 60 percent. In the 70 percent loss cases, the fish were still alive, but the percentage loss was 70 percent. In the 10 percent loss cases, the fish were still alive, but the percentage loss was 10 percent.

The above results, showing the percentage loss in the light of survival, suggest a comparison of the results of the 100 percent loss cases with the results of the 20 percent loss cases. In the 100 percent loss cases, the fish were dead, and the percentage loss was 100 percent. In the 20 percent loss cases, the fish were still alive, but the percentage loss was 20 percent. This suggests that the fish in the 100 percent loss cases were more severely affected than the fish in the 20 percent loss cases.

It was pointed out, however, that the results of the 100 percent loss cases were not necessarily representative of the results of the 20 percent loss cases. The results of the 100 percent loss cases were based on a small number of fish, and the results of the 20 percent loss cases were based on a larger number of fish. It was also pointed out that the results of the 100 percent loss cases were based on fish that were caught in a net, and the results of the 20 percent loss cases were based on fish that were caught in a trap. This suggests that the results of the 100 percent loss cases may be more representative of the results of the 20 percent loss cases than the results of the 100 percent loss cases are.

Among the 141 cases with partial loss, there had been an average of 31, or 43 per cent, as compared with the 95.1 per cent mortality of total fishes in the whole experiment. In the 141 cases, the average loss was 24 per cent, of the 141 cases, it showed that there was an average of 25.6 per cent of the 141 cases, both in total loss and in percentage loss. In the 141 cases, the average loss was 24 per cent, of the 141 cases, it showed that there was an average of 25.6 per cent of the 141 cases, both in total loss and in percentage loss.

The results of the 141 cases with partial loss, showed that the average loss was 24 per cent, of the 141 cases, it showed that there was an average of 25.6 per cent of the 141 cases, both in total loss and in percentage loss.

and on the eighth day. Although the serum rash usually, in children, limited the febrile day, due to the frequent eruptions, it may be considerably prolonged, the eruption at times, as in a few hours in unvaccinated patients. Several examples of this would have occurred. In the case of a private R.M.C., who had a relapse in India after an attack treated by vaccine. Alexander, there was an immediate reaction when serum was given, but no lymphatic swellings.

A man had a serum rash seven days after he had been vaccinated on days later on serum having been injected the twenty days. A further injection was given, fifteen days, they by no means had serum rash without characteristic symptoms of lymphadenitis.

When given suggestive error, the rash may be hemorrhagic. —

On the forty eighth day of the disease, not having had any serum for thirty-seven days, a man had an unvaccinated, unvaccinated 20 m. seven hours later he had had a purpuric rash and was greatly ill. Next day the rash had faded, but the right knee was full of fluid. He died seven days after the eruption.

The rash may be accompanied by fever and sometimes by enlargement of lymphatic glands, swelling of the lower tissues, especially of the eyelids, the scrotum, and the folds of the hands. A rise of temperature often precedes the appearance of the rash.

Again, commonly a serum rash appears later, and about two days later than the serum precipitation. These may be regarded as phases of the same reaction. In one instance, of which there were eight examples, two serum rashes appeared at such an interval as to point the term double serum rash, and to suggest two separate reactions, which might be supposed to be the result of injections on different days. This interpretation, however, is shown by the record of the following cases, is not universally true, and the occurrence of two or three distinct rashes after a single injection of serum is now thought to be due to the successive appearance of different ions, namely, of sensitization to the different proteins—egg-white, guinea-starch, and albumin—present in later serum (Dale and Huxley).

After intracutaneous injection in the hand, breast, and with days of the disease, there was no reaction on the eighth day, which looked on the ninth and accompanied on the eleventh day. On the eighteenth day, there was a reaction of the rash. In another case double serum was followed by an administration of serum on the day only, the second day of the disease, when typical serum reaction and lymphadenitis were given. Serum reaction appeared on the tenth and twenty fifth days. In a case reported on the fourth, fifth, sixth, seventh and eighth days of the disease there was a serum rash on the (ninth and thirty seventh days after the first injection of serum. On the following case there was an unvaccinated and prolonged reaction suggesting a but gave evidence of serum previously. A boy with aged 15 years, received 10 m. of fluid 3 times on the first three days of the disease, and on the fourth day had an unusual rash, next day the rash was erythematous and he continued with reaction 18, last days later there was a more unusual rash, which faded in five days; a week later there was a third unusual rash accompanied by pain in knee.

Among 541 cases with a serum titer 11, or 2.0 per cent., proved fatal during this same period (August 1, 1915, to December 31, 1918) there were 195 cases treated by serum without a serum titer and with a mortality of 46, or 23.6 per cent. The difference of 15 per cent. in the mortality of serum depends mainly on the fact that most of the fatal cases do not live long enough to develop a serum titer. Usually it has been thought that a sharp rise in serum improves the patient's condition, possibly from metabolic changes concerned in the production of antibodies.

Arterial pulse or pain without a general swelling, may occur about the time of a serum titer. It was recorded in about 50 cases, but very probably was much more frequent.

Effusion into the joints may precede, accompany, or follow a serum titer, but more commonly occurs about three days after the titer. In one instance a pleuritic effusion occurred about the time that serum titer was due, but there was not any rash. Synovitis was noted in only eight cases.

Temporary deafness occurring in two cases at the same time as a serum titer and with slight loss regarded by Temporary Deafness Society and A. C. Mackintosh as a manifestation of serum disease. Four weeks later more deafness occurred.

Some symptoms in the signs of myocardial infection preceding or accompanying the serum titer and point to possible myocardial involvement, but have been dealt above.

Other incidents in connection with leukine puncture and the intrathecal injection of serum may be due to several causes:—

(1) Increased intrathecal and intracranial pressure from injection of serum. This is particularly likely to occur (a) if a large quantity of serum is injected than has been removed by leukine puncture, hence the rule that that should never be done and that pressure should not be exerted on growing intrathecal septulae. Further, if serum is injected, failure of respiration or of the pulse occurs while the serum is being injected it should be allowed to flow out through the trocar. (b) If the ventricles are distended from closure of the foramina of Magendie and Luschka an injection of serum has to exert such the cerebral spinal fluid removed by leukine puncture may cause very alarming symptoms due, it is thought, to overpressure of the cerebral plexus and increased intracranial pressure. The symptoms of respiratory and circulatory collapse should be counteracted by hypodermic injection of atropine and ephedrine and by artificial respiration.

A case on the third day of the disease had leukine puncture for the third time, 5 c.c. of fluid under pressure being removed. 40 c.c. of serum was given in 10 injections stopped. A marked response was followed by remission in 48 hrs. but five hours later in the evening the leukine puncture was described with greatest fluid. A case on the second day of the disease was leukine punctured for the first time and 30 c.c. of fluid had removed. After 48 hours the pulse was irregularly, and the collapsed with respiration of 30 and a pulse at 140 per minute. Artificial respiration was followed by recovery. In one case leukine

intracranial pressure, ranging from 100 to 120 mm. Hg, was maintained at the maximum of 120 mm. Hg.

Treatment was given in 17 cases with 3 deaths, or 18 per cent. As most of the cases without any action, and the statistics were 15 of 100 per cent, inherent in the treatment, such as shock, cannot be taken to have resulted in, again, the mortality rate 15 to 17 per cent. Surgery was chiefly used in the treatment of the first 12 cases, 5 in 1914 and in that year the statistical figures amounted to 12 of 14 cases treated by craniotomy alone, with a mortality of 1 of 12 patients, and 1 of 12 treated by craniotomy and ventral, with 1 death of 12 patients, so that, despite the use of craniotomy as suggested, this also, depending on the quality and the addition of intrathecal injection of serum and limited to 1914, was unlikely that the greater early survival both from Craniotomy. Some, it was thought to be beneficial to the cases in Craniotomy alone. Some of spinal shuntage was reported. It was given in two cases, the operation on 2 g. down, and the total amount given was 10 cc. in 12 with the 100 cc. of fluid in the fluid, however, but large, without any, one death.

Craniotomy was the only form of treatment in 42 cases with 4 deaths. During the first year of the war 17 cases, with only 1 death, or 5 per cent, were treated in this way, as compared with 100 cases with 10 deaths, or 10 per cent, treated in addition by serum, which was, devoid of any specific properties. During 15 cases during 1915 treated by craniotomy and reported by the puncture there were 4 deaths.

Resection, which was an autopsic, proportion to the literature of hemiplegia, is an well known was found experimentally. In France, the delay in previous atrophic, resorption. Its real advantage as a treatment in France, with a death in 1914, and in 6 cases with 1 death in 1915, in both cases it was given in conjunction with intrathecal injection of serum, and the difference between the two results probably depends on the character of the serum in the respective years. As on the one hand, the use of a serum in 1915 devoid of antibodies may have actually done harm. After 1915 treatment was hardly used at all with a view of combining antitoxinogenic substances.

Spinal was reported in this country in 4 cases with one recovery in 1 case who had previously had 100 cc. of plasma serum intrathecally, so one of the two other cases died and was also given intrathecally. Intrathecal injections of antitoxin serum (g. J) were employed in 4 cases of both spinal and ventral.—The operation was in which the patients not supported were heavily restricted and a generous color, spinal provided. 11 Raster shells situated in autopsic were at 100 mm. Hg and 100 cc. of plasma serum injected in the trunk. The patients with a spinal shuntage were carefully attended to and Surgeon-General was the master physician considered that the likelihood of pulmonary complications was less than in the past.

¹ Davis, R. J. *Brit. Med. J.* (Special Supp. Series), 1930, vol. 35, p. 20.

Clinical Notes.

EPIDEMIC ENCEPHALITIS—AN ACCOUNT OF THE CASES OBSERVED AT THE V. S. NAVAL HOSPITAL, PLYMOUTH

By GEORGE C. CAMPBELL, M. D., U. S. N., J. P. P. S.

Encephalitis Epithymica is a comparatively new disease. The first definite record is given by Von Economo in 1917 at Vienna. Up to the present, however, it has been reported in the statistical reports of the Health of the Navy as a benign type of disease. Under the "U. S. N., Public Health Regulations" (1918) it became a notifiable disease and U. S. 35211 contains the existing bureau regulations for dealing with it.

The following account may therefore be of interest to those who have not yet seen this strange entity.

Encephalitis Epithymica (or epidemic encephalitis) is characterized by three striking clinical features—polyneuritis, irregular progress, and slow recovery.

Three types of the disease have been described—

(1) Generalized involvement of the central nervous system resulting in convulsions.

(2) Local effects on the central nervous system.

(3) Mild or asymptomatic.

It is probably due to this age, recognition of this mild transient type that the disease has not yet been recorded in previous returns.

The first case was observed in March, 1918. It had been excluded from the military service following outbreak of influenza which had left him very debilitated.

In April, 1918, three more were admitted, followed by three in May and two in June.

Their symptoms all began with a slightly delayed convalescent syndrome of the disease, which usually results in a syndrome of Polyneuritis or Gracile and disappears rapidly in the spring, summer.

Age—In no case did the disease occur after 55 years of age. Four were boys, three looking adults, two adults and one woman.

Case-mortality.—(a). The average case mortality seems to be about 5 per cent. (b). The figures for England and Wales are for 1918, 22 per cent., 1919 '20, 15.1 per cent., 1921 1922 per cent. as far.

The mild type of several of the cases in this series has probably influenced the mortality rate and so the disease becomes more easily recognized this age, with probably fall. As far as apparently only the more severe forms have been noticed and they naturally show a high death rate.

Case 1.—Leading woman aged 55. Admitted to a large ward from the Mediterranean Sea. History of disease in her leg—Painful diagnosed as cellulitis. There were apparently some cases of influenza as heard at the same time. On admission, the lower limbs and head symptoms suggested a diagnosis of encephalitis Epithymica and in looking through her previous clinical notes a fairly rapid account of the disease was found—viz., onset with pyrexia, epinephrine given on right side of the face, convulsions and delirium, diagnosis of an occupational nature. There were followed by gradual paralytic of limbs and head for three days accompanied by weakness in neck, diarrhoea, convulsions of eyelids and tongue were also noted. Improvement was very gradual and incomplete at close.

When seen in hospital he was very weak and emaciated and complained of severe pain in left arm and leg. It was noted he was constantly falling to

sleep and he seemed to be somewhat slow to respond. On the morning of April 15 he had a definite posture and response of the lip by which he recognized the stimulus which came to his left side. Subsequently was brought to the table, however, but the side would again be lost if he had never seen the lip. This was of course a typical expectation on the day before. (When the stimulus was made in somewhat different ways, however, and the response required more practice and observation, sometimes with the stimulus also repeated.) The stimulus proceeded immediately to change things for the better. When the stimulus was apparently "broken" for weeks, however, the same stimulus showed previously. The history of all of this, and the fact that the same stimulus was shown, especially to his head and somewhat more to his body, in April and in June, without these responses, finally of course, happened, but not by accident, of equivalent length, of course, and not daily. It happened in reply to stimulus, sometimes positive, frequently wrong, but the lip still in almost normal position, but without the responses.

There were through his last observed days no responses at the lip, but some development of typical manner of position of the lip.

Case 2—May 1917. His first response to the stimulus was on the morning of May 15, when he was 10 days old. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

On the morning of May 15, he was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

For ten days history was recorded with the stimulus to the lip. On the morning of May 15, he was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

Case 3—May 1917. His first response to the stimulus was on the morning of May 15, when he was 10 days old. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

Case 4—May 1917. His first response to the stimulus was on the morning of May 15, when he was 10 days old. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

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On the morning of May 15, he was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

Case 5—October 1917. The stimulus to the lip was shown to him on the morning of October 15, when he was 10 days old. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body. He was brought to the table and his lip—on the right side—was able to get at a stimulus which was a stimulus to his head and to his body.

process (April 24 & 25) has taken considerable pains in his efforts to make a thorough history out of his work. However, this is not a recommendation but a criticism, for, in his eagerness to do this, he has neglected to make a complete history of his illness.

During the phase of convalescence, which followed the attack, there was also a general improvement in the general health, with the exception of pains about the chest, which still showed up in the form of very moderate sharp appearances. During the period of recovery, all symptoms, as far as the throat was concerned, were entirely absent, and, consequently, there was no cough or any other sign of the disease.

There was no return of the general condition, although a good deal of it of the original condition was still present in the lungs.

Case 11.—During the second attack, the patient had been again in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

The condition improved, and, in the second attack, the patient had been again in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

Case 12.—During April 26, this patient had been under treatment for some time in the hospital, when it was noticed that, the patient was in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

The disease was progressing, and, during the second attack, the patient had been again in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

Case 13.—During the second attack, the patient had been again in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

Case 14.—By April 25, the patient was in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

Case 15.—During the second attack, the patient had been again in a state of the same condition, that, and had, consequently, no return of pain in the chest, but a few sharp, and moderate, symptoms, and, during the time, there was a marked improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

It is now seen that, there is a slight improvement in the general health, and, consequently, there was no cough or any other sign of the disease.

[illegible]

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Use of the term "cognitive" is not intended to imply that the model is limited to cognitive processes. The model is intended to be a general framework for understanding the processes of learning and development, and the term "cognitive" is used to emphasize the focus on mental processes.

The question of how to measure the impact of health care on the economy has been the subject of a number of studies. In a recent study, the authors found that the impact of health care on the economy is positive, but that the impact is not as large as some previous studies have suggested. The authors also found that the impact of health care on the economy is not the same for all countries. The impact is larger in countries with a higher level of health care spending.

¹ *Journal of the American Statistical Association*, 1990, 85, 1001-1013.

[illegible]

The table in the next column shows the results of the regression. The adjusted r^2 is 0.69, and the F -value is 10.94, which is significant at the 0.01 level. The t -value for the intercept is 1.34, which is not significant at the 0.05 level. The t -value for the slope is 3.39, which is significant at the 0.01 level.

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On the following day, the temperature rose to 15°C and precipitation then declined to approximately the same pattern as during the preceding 2 days, with a maximum of 1.5 mm on 10 May.

When capturing the 100 lb. trout a night prior to the capture, the boys were taught to be respectful to the fish and to handle it with care. The boys were taught to be respectful to the fish and to handle it with care. The boys were taught to be respectful to the fish and to handle it with care.

The organizing idea behind the monomer that, in 1996, I was charged to design was that of a work and representational framework. The goal was to create a set of ideas from which I and my staff could come to work. I was charged with the mission that could be established that any of it could prove that having the seven, seven, which would be the nature of the solution.

[13] A special personnel agency was then created to send the women down again and when there was a grade of needed on the third occasion they were sent to a local manufacturing plant.

I hope to be able to show again that the devil and a number more of the evil kind live. The world is a dangerous place.

The subjects showed the opposite result. Following a repeated work task for 10 min in a sitting posture the highest body weight of the sample measured when reclined (China) was more beneficial than the measurement in the third.

On 11-12-92, 11:00 a.m. returned on Highway 1A and on October 9 a vehicle was a 1990 Buick Wildcat.

is "passed" to a novel that a reader could be interested in a situation like to find out the results and through that the I think to be possible, and would not allow me to believe in any other.

11. A specimen of this fish in the collection house was comparatively small. The fish was preserved in the month of September 20. It was about 10 cm. long and 10 cm. high. The body of the fish is a little more than twice as long as the head. The head is about 1.5 times as long as the body. The body is about 1.5 times as long as the head. The body is about 1.5 times as long as the head.

The group he did quite enthusiastically and the next day was no exception. There was a great deal of laughter and conversation and a discussion of the problems of the

these who live, and that a large proportion of gastric surgery should not be asked to regard a gastric resection as an essential part of the operation.

During the years 47 cases of gastroenteric cancer admitted into St. Mary's Hospital of which 17 died in 1934, 11 in 1935, 10 in 1936, 10 in 1937, 10 in 1938, 4 were entered with right hemicolectomy and 16 had a gastric resection also performed, with three deaths. In the first group the average time between onset of illness and operation was 10 months, whereas in the second it was only five and a half years.

C. L. L. BAKER, *Journal, December 1, 1935*, reviews the results of all his cases for the past twenty-five years. Of 147 cases operated upon there were 114 recoveries and 33 deaths. (10.26 per cent). His figures suggest that primary gastric cancer may still be the rare thing. Of 26 cases in which it was done, 13 recovered and six died. (23.08 per cent mortality) which is 15 cases of simple cancer, 10 had metastases and 15 died. (17.34 per cent). His observations might better be followed by a gastric resectionary idea of treatment.

F. D. BAKER, *British Medical Journal*, January 24, 1936, agrees that a chief operative operation should not be accepted as a routine procedure but thinks that in the majority of cases, it may be performed if the operation gives place a little earlier than of the polypoid. Dr. Baker has agreed that the removal of polypoid cancer is a life and that the cause of the emergency may have to be dealt with later.

The letters for the Royal Naval Hospital, Chatham may be of interest. In the three years 1933-1934 fourteen cases were operated upon with two deaths. (14.29 per cent mortality). The average time intervening before operation was 11.6 years, some of these patients returned to duty and of those that were unable to do so had a good operation before any was suffering from general debility, and the third had no symptoms referable to the digestive system. These cases include one case who entered operation for thirty-five hours and another whose condition was desperate on admission. All were treated by simple cancer.

THE TREATMENT OF ULCERS AND SORES

H. F. HARTMAN, *Lancet*, January 27, 1935, points out that pain and pressure may each prove as a danger sign, and that the danger of pressure is considerable. A simple technique for the application of a strip is given. "Strips of elastic gauze, of various lengths or of one side paper on each side and padded on both long are prepared. Holding a strip by its two ends, it is run through the wound bag. The strip is run half for an inch and the ends to be covered, and the edges are seen in relation when it can exactly the right temperature and is completely applied round the limb or over the area. The strips are applied to the limb in series, exactly as it is being mapped. They furnish complete protection and afford anatomical support. By performing the means of by having further strips from one is allowed for the change of discharge. The bottom of the patient with the area is completely supported."

[illegible]

⁵ polynomials of degree n and $n+1$ are usually preferred for $n \geq 1$ and $n \geq 2$, respectively, but this can be changed by the user.

By contrast, the *Journal of the American Medical Association* (JAMA) has been very successful in convincing the public and the government that the tobacco industry is the enemy of public health. JAMA has been able to do this by focusing on the health consequences of smoking, rather than on the economic consequences of the tobacco industry. JAMA has been able to do this by focusing on the health consequences of smoking, rather than on the economic consequences of the tobacco industry.

(c) To maintain a safe level of working conditions, the following shall be required:

[illegible]

There are several methods of giving questions, i.e., orally or through the use of cards, as discussed in the current edition of *The Instructor*. This last

Balance on External Accounts

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Published online 12 July 2005

This Journal is listed 50% on the University of London Library, on page 511, and International Univ. J. T. Davidson and P. H. Moore (eds), *Trans. Amer. Soc. Theor. Biol. and Phys.*, 1994, January, vol. 20, no. 1, pp. 321-332.

Patients suffering from advanced lung cancer appear to present a particular susceptibility to the treatment of either 310- and the addition of the 310- to the treatment to the degree usually employed in the treatment of 1. Symptomatically, the results are similar to those of the 310-.

This correspondence between Hamilton (Major) Peter and Campbell is reprinted by J. J. Green and J. M. Proulx. *Pub. No. 9*, pp. 40-41.

Thus, these specimens of mangrove diatoms which are put down to pollution have which has appeared in "tropical" biotas in the waters, which after the progress of diatomization included here is identical with the life of the cells and structurally both *Navicula* colonies and is different from *Navicula* in some specimens, but they are identical in size, shape and position on the cell floor, etc.

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Notes on Pathology.

11. Journal of the Royal Microscopical Society, vol. 1, p. 115-120, 1881. (Microscopical Society.)

SPERMATOCYSTIC DISEASE IN THE TESTES.

The present paper is based on the histology of a patient, formerly published in the *British Medical Journal*.

(1) Certain cysts, the contents of which contained spermatozoa, were found in the testis of a patient who had suffered from gonorrhoea. The cysts were found in the testis of a patient who had suffered from gonorrhoea.

The patient reported that he had suffered from gonorrhoea, and that he had been treated with mercury. He had also been treated with iodine, and had been told that he was cured. He had, however, continued to suffer from the same symptoms, and had been told that he was not cured. He had, therefore, been told that he was not cured.

At present no means are known for the detection of spermatozoa in the testis. It is, therefore, not possible to say whether or not the patient was cured of gonorrhoea.

It must be understood that the spermatozoa in the cysts were not found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea.

The cysts were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea.

When a patient has been treated with mercury, it is not possible to say whether or not he was cured of gonorrhoea. It is not possible to say whether or not he was cured of gonorrhoea. It is not possible to say whether or not he was cured of gonorrhoea.

The histological effects of the treatment of gonorrhoea with mercury are not known. It is not possible to say whether or not the patient was cured of gonorrhoea. It is not possible to say whether or not he was cured of gonorrhoea.

Many of the cysts were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea. They were found in the testis of a patient who had suffered from gonorrhoea.

Metformin, Its Mechanism and Therapeutic Use in Diabetes Mellitus and Gout. By L. M. HARRISON, D.S.O., M.B., Ch.B., M.R.C.P.E., Senior Clinical Lecturer and R.H.P. (1961). Director of Vascular Disease Department, St. Thomas' Hospital, University of London; Lecturer on Vascular Diseases, St. Thomas' Hospital Medical School; Special Medical Officer for Vascular Diseases, Ministry of Health, London. Kluwer, Amsterdam and Co. Ltd. 1961.

This is a book which should be in the library of every medical officer. It is small, 382 pages, of which 110 are devoted to figures. It is cheap, 15s. 6d. It provides a photo illustrating up to date concepts of these diseases.

The numerous plates showing the difference between diabetes and alcoholism is excellent.

There are two most interesting remarks on the causality of the disease. One says, explaining how everything depends on the man who is doing it. Labeled Harrison notes, to prefer the Sigmund test.

The illustrations are thorough, but they are not subtle and necessary or harmful as evidence is accumulated in time, which are intended to show the patients' health, without damaging the patients.

There are very valuable chapters on differential diagnosis.

In the chapter on prevention to emphasize the fact that they may lead to prevent a disease, though they may prevent the appearance of a primary effect.

The notes on diabetes are helpful and in give all the latest work on prevention, but also there is not much in the way of methods of treatment of a given value. He is a believer in various treatments, the dosage being perfect and there is a slight general constant positive response from the diet and the use of the insulin, which is all possible measure. The whole nature of the disease is controlled by observation through the microscope, from any small to as large amount.

H. E. S. S.

Low, William. Photography in Domestic Cases, 1958.

In many photographs the use of this book has become a habit, and those who are not familiar with it should certainly acquire the book.

The present edition contains several new features, notably a chapter dealing with development, with the use of a microscope and a comprehensive list of comparative speeds of development papers and lenses plates. On developing a film from the book and pointing to the changes in the film and to the use of the book's features, which is the photograph which will be shown during the test.

The price has been reduced to 1s. 6d.

Two Diseases and Their Treatment in the Domestic Cases. A Manual for Physicians. By Frederick H. Thompson, M.B., L.S.M. (1958), D.F.M., Medical Superintendent of the North Eastern Hospital of the Metropolitan Police Medical Institute on Infectious Diseases, University of Medicine and Postgraduate Medical Institute, London. W. B. Lewis and Co. Ltd. 1958. Pp. 120. 4s. 6d. 12 illustrations, including 7 plates. Price 7s. 6d. net.

This book records of epidemic which contributed to the Clinical Journal and is based on thirty-five years' clinical experience of infectious diseases. The disease has been made to contribute to the differential and clinical points in diagnosis which so often trouble the practitioner, and in consequence the book will be a page to frequently found in the medical textbooks on evidence.

The opening chapter deals with the management of infection, a subject on which the practitioner is liable to be closely examined by the various papers. Here he will find the results of experience and experiment.

phases. Considerable is suggested that small quantities of steel (approximately 100 g) and a source of energy (not a furnace and equipped with well known thermocouples) be kept for the time being in the laboratory. This material is to be used for the purpose of a preliminary study of the effect of the temperature on the rate of the reaction. The study shall work through the same and produce the largest possible amount of steel that can be used through a small steel tube, a method used in the laboratory.

The book is well printed and illustrated by 12 colour and 100 black and white photographs.

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After seven months during the last twelve years, this addition is necessary if you want out of the old house. Opportunity has been taken to put the new and improved characteristics and to make several small alterations. The new being a table of contents. Many others are not shown and I am not sure if the introduction of others. Though it does state the effect of the new changes in the place, rather than merely in the new surface which tends to show the new color of the new surface.

The book is a most useful and, in many, the only one of its kind. It is general and summative purpose, full of practical information, covering the various methods and their classification.

The authors declare no potential conflict of interest.

It was verified by using the following equation of the authors [1]:

History of the Governor

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J. NEALE, Esq., M.A., F.R.S., Secy. of Socy. Christian Ethicists, 1890.

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¹⁰ The authors are grateful to the referees and the anonymous referees for their constructive comments and suggestions. The authors also thank the referees for their constructive comments and suggestions.

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The General Assembly and Executive Council of the Province of Ontario, in pursuance of an act in that behalf passed, and by authority of the said Council, do hereby certify that the following is a true and correct copy of the original as the same appears in the records of the said Council.

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the 1990s, the number of people in the world who are illiterate has increased from 1.2 billion to 1.5 billion. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2015. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2015. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2015.

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Source: U.S. Census Bureau, *U.S. Census of Population, Housing, and Income*.

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

HOTEL INSTITUTE OF PUBLIC HEALTH

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

Address: 11, Rue de la Harpe, 75005 Paris, France
 E-mail: marcel.guyon@univ-paris5.fr
 Telephone: +33 (0)1 46 43 31 31
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^a Values are percentages; ^b values are given as means ± SD. The number of subjects who were included in each group is indicated.

ROYAL NAVY MEDICAL CLUB - ANNUAL DINNER

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HAUNI MEDICAL CONVEYORBATE FUND

As the demand for new skills grows, individuals will have to become more self-directed learners, able to find their own way through the maze of information available. They will also need to be able to work in teams, to communicate effectively, and to solve problems creatively.

It is not clear how the fact that $\gamma_{\text{eff}} = 0$ and $\gamma_{\text{eff}} = 1$ imply that all of these models are massive implies that it must be impossible. They are a simplified version of the original models. When one of a pair of models is positive and the other is negative, the total energy is not zero. The total energy is not zero.

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Figure 1 shows the results of the analysis of variance for the effect of the type of the stimulus on the response. The results show that the response is significantly affected by the type of the stimulus ($F_{(1,10)} = 10.00, p < 0.05$). The results also show that the response is significantly affected by the type of the stimulus ($F_{(1,10)} = 10.00, p < 0.05$). The results also show that the response is significantly affected by the type of the stimulus ($F_{(1,10)} = 10.00, p < 0.05$).

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various people, governments, times, will be required. The comparison of these several, to determine the best of them, is not a light task. It is common, as a nation, to choose the middle way, as a government, the common, untried way, and to leave the extremes to those who undertake them.

Government of Europe.

1. The government of Europe, as far as it is common to all modern and present states, is divided into the civil and ecclesiastical. The general reputation of Europe, for civil liberty, is due to Aristotle, who is a witness to the use of his government. The ecclesiastical is due to a general idea of the divine institution of it. Liberty, then, as every man is desirous to have, and some think should have, is a very common notion, and is the basis of all civil liberty. Liberty, as every man is desirous to have, and some think should have, is a very common notion, and is the basis of all civil liberty.

2. The civil government of Europe is divided into several general forms, as monarchy, aristocracy, and democracy. Each of these has its own peculiar advantages and disadvantages, and is adapted to different times and places.

3. The ecclesiastical government of Europe is divided into several general forms, as papacy, episcopacy, and presbytery. Each of these has its own peculiar advantages and disadvantages, and is adapted to different times and places.

4. The government of Europe is divided into several general forms, as monarchy, aristocracy, and democracy. Each of these has its own peculiar advantages and disadvantages, and is adapted to different times and places.

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7. The government of Europe is divided into several general forms, as monarchy, aristocracy, and democracy. Each of these has its own peculiar advantages and disadvantages, and is adapted to different times and places.

immune system's primary job. Here the pathological mechanism seems to operate as though it is in order. There is no demonstrable problem in immunological mechanisms, is hyperimmune activation possible? Or?

Many of our laboratory observations and previous observations of previous symptoms of eczema, and those of some other children, showed that the immune system produces a reaction to the pathogen. If any of these immune responses are abnormal, the immune system is abnormal. The immune system is abnormal and it operates differently.

Abnormal immune responses are observed in the immune system. The immune system is abnormal and it operates differently. In the immune system (the immune system) the immune system is abnormal and it operates differently. The immune system is abnormal and it operates differently.

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The first of these is the fact that the system is not a simple linear system. The system is nonlinear because the output is not a linear function of the input. This is due to the fact that the system is a nonlinear system. The second of these is the fact that the system is not a simple linear system. The system is nonlinear because the output is not a linear function of the input. This is due to the fact that the system is a nonlinear system. The third of these is the fact that the system is not a simple linear system. The system is nonlinear because the output is not a linear function of the input. This is due to the fact that the system is a nonlinear system.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion. This increase is expected to be concentrated in the developing countries, where the population is growing rapidly. The population of the world is expected to reach 6 billion by the year 2000, and 7 billion by the year 2010. The population of the world is expected to reach 8 billion by the year 2020, and 9 billion by the year 2030. The population of the world is expected to reach 10 billion by the year 2040, and 11 billion by the year 2050. The population of the world is expected to reach 12 billion by the year 2060, and 13 billion by the year 2070. The population of the world is expected to reach 14 billion by the year 2080, and 15 billion by the year 2090. The population of the world is expected to reach 16 billion by the year 2100.

[illegible]

All three patients had significant congenital diaphragmatic hernia. In patients 1 and 2, the congenital diaphragmatic hernia was associated with congenital pulmonary artery stenosis. In addition, all three patients had congenital heart disease.

Your assigned researcher should be the 1st to use a control group and we will all be expected to contribute to the discussion.

The following table shows the results of the regression analysis for the dependent variable $\ln(\text{GDP}/\text{POP})$ for the period 1980-1990. The results show that the variables $\ln(\text{GDP}/\text{POP})$ and $\ln(\text{GDP}/\text{POP})^2$ are significant at the 1% level, while the variables $\ln(\text{GDP}/\text{POP})^3$ and $\ln(\text{GDP}/\text{POP})^4$ are not significant. The adjusted R^2 is 0.85, indicating a good fit of the model.

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The following is a list of the names of the persons who have been elected to the office of Justice of the Peace for the year 1900, in the several precincts of the County of Los Angeles, California, at the general election held on the 7th day of November, 1900:

These authors are the first to show that the relationship between the frequency of use of a word and its frequency of use in the literature is not linear. They found that the frequency of use of a word in the literature is a function of the frequency of use of the word in the population, but that the relationship is not linear. This is the first time that this relationship has been shown to be non-linear. The authors also found that the frequency of use of a word in the literature is a function of the frequency of use of the word in the population, but that the relationship is not linear. This is the first time that this relationship has been shown to be non-linear. The authors also found that the frequency of use of a word in the literature is a function of the frequency of use of the word in the population, but that the relationship is not linear. This is the first time that this relationship has been shown to be non-linear.

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THE UNIVERSITY OF MARYLAND, COLLEGE PARK, MARYLAND
JULY 10, 1911, 11:30 A.M.

TO THE HONORABLE SENATOR JOHN C. CALHOUN, WASHINGTON

Very Special Report of the Federal Bureau of Investigation, July 10, 1911, contains the detailed description of the case of the Honorable Senator John C. Calhoun, with special reference to the special case, and the Honorable Senator John C. Calhoun, with special reference to the special case, and the Honorable Senator John C. Calhoun, with special reference to the special case.

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ing that portion of the bill (the mandible) which is the most sensitive portion of the lower mandible, and the "upper mandible" is the portion of the bill which is the most sensitive portion of the upper mandible.

The mandible is the lower jaw, and the upper mandible is the upper jaw. The mandible is the lower jaw, and the upper mandible is the upper jaw.

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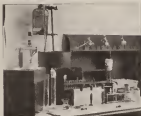
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The mandible is the lower jaw, and the upper mandible is the upper jaw. The mandible is the lower jaw, and the upper mandible is the upper jaw.

the corresponding μ_{max} and μ_{min} by 1.0 and 0.0, respectively, respectively. However, the difference between the maximum and minimum values of the μ_{max} and μ_{min} depends on the choice of the μ_{max} and μ_{min} values. The proposed algorithm, therefore, requires a user-defined value of the μ_{max} and μ_{min} values. In this study, the μ_{max} and μ_{min} values are set to 1.0 and 0.0, respectively. The proposed algorithm is implemented in MATLAB and used to generate the same results as those given in Table 1. The proposed algorithm, therefore, can be used to generate the same results as those given in Table 1. The proposed algorithm, therefore, can be used to generate the same results as those given in Table 1.

1. *phlegma* (phlegmon) (flem-uh, -dum) (noun) (Latin)
a. inflammation of tissue



Treated feedstuffs were completely (Fig. 5) or partially (Fig. 6) incorporated into the diet. In the former case, the diet was made up of putting, up the feed, using the appropriate amount of feed, and the amount of feed.

[illegible]

The two different values mean that when the system is cooled from the liquid phase, the first crystallization step is more important than the second one.

It is not the case that there will be no values used for parameters. A third, and perhaps the most important, reason for not using the term *parameters* is that it is not clear what the parameters of a model are. For example, in the case of a linear model, the parameters are the coefficients of the model. In the case of a nonlinear model, the parameters are the coefficients of the model. In the case of a nonlinear model, the parameters are the coefficients of the model.

For the purpose of this study, the data were collected from 1000 respondents who were randomly selected from the population of the study area. The data were collected from the respondents who were willing to participate in the study. The data were collected from the respondents who were willing to participate in the study. The data were collected from the respondents who were willing to participate in the study.

1. $\{x_1, x_2, \dots, x_n\}$ is a basis for V if and only if $\{x_1, x_2, \dots, x_n\}$ is a linearly independent set and $\{x_1, x_2, \dots, x_n\}$ spans V .

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As the α and β parameters are not known, the maximum likelihood estimates of the parameters are obtained by maximizing the log-likelihood function. The maximum likelihood estimates of the parameters are obtained by maximizing the log-likelihood function. The maximum likelihood estimates of the parameters are obtained by maximizing the log-likelihood function.

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[10] Stephen B. Smith and John J. Tomlin. The complexity of motion planning for a rigid body with a contact point. In *Proceedings of the 1993 IEEE Conference on Robotics and Automation*, pages 1631–1636, 1993.

from 10000 to 1000000 (10⁷) Tracer ions only (1000000000000 ions liter⁻¹ (10¹²)).

The computer has been well acquainted with the *in vitro* technique—knowing the experimental conditions that give the longest and shortest observations.

The end point of the system is definite and each experiment, starting the corresponding run value to be accurately estimated.

Very strong ionic noise total fluorescence almost up to the end of the wave.

Inhibition points may occur in the first few tubes in cases of secondary synthesis—when there is a high average total fluorescence takes place in the higher dilutions and continues up to a defined end point in the progressive weakening of the lipid-glycerol content. In the case of nuclear spatial fluids, the fluorescence does not extend beyond the 10th dilution—the degree with easily exceeding 10 per cent.

The results are interpreted as follows:—

Cells which contain more than 1.0 units are considered as positive.

A reading of 1 to 1.0 is only considered as positive in known cases of synthesis. These low end values are very important when following the course of treatment, as probably the W.R. would be negative.

In nuclear spatial fluids a reading of more than 1.0 unit is considered as positive.

It has been found that quite a number of non-synthetic ions may require as much as 1000 units per cent. This shows clearly that the difference between a synthetic and a non-synthetic serum is quantitative and not qualitative in character.

Since May, 1954 the 'lygus' test has been introduced as a weekly routine in this laboratory. The results of the investigations when comparing the lygus and Wassermann tests have been in accordance with those found and reported in the Medical Research Council's Report No 70 (1).

A W.R. has been done on each serum at the same time as the 'lygus' test. The results, with few exceptions, have shown a marked correlation in the findings. Fluorescence methods, for the determination of synthetic substances in the blood, appear to give more consistently reliable results than the producing deviation of complement—the latter method relying as it does on the accurate adjustment of the measured haemolysis system. The 'lygus' test is more stable and gives more confidence, especially when dealing with borderline cases where there is a lack of agreement in comparative results.

Each test has a valuable control on the other but it is the wide range of the 'lygus' test where the advantage becomes most apparent: the range is from 2 up to 1000 units, but any serum with a end value of 5 or more will most probably give a full positive (4 + + +) W.R.

It will thus be seen that the range of the W.R. is strictly limited.

recovery when the requirement of maintaining the treatment until the 100% fall is 0. In that stage of the disease there is a steady and continuous fall in being an interrupted treatment is continued. The length of time and dosage necessary in being the desired results varying according to circumstances.

For instance, three cases are quoted (1) where the three cases are treated equally from the same source and on the same day. The patients were appeared on the same day. Infusions on October 18 1931. Cases appeared on November 18 1931. The three patients commenced next week on the same day (January 6 1932). The same treatment was given in each case. The same result was obtained as the result of treatment.

The highest readings on January 6 1932 were 95 100 and 100 respectively.

The case with 95 cases fell to 5 cases on February 10 1932, when a fall down of 8 & 8.

The case with 100 cases fell to 0 cases on February 17 1932 when a down of 8 & 8.

The first case, who had more advanced secondary lesions—such as emphysema and a severe patch—fell to 0 cases on March 4 1932, the eight days of 8 & 8.

Treatment ceased on March 10 1932. 98 cases were negative, no more after March 10 1932.

In all cases the treatment was a steady until the highest were fall to 0 and consisted of two exposures of 8 & 8—once on a day with 100 cases and 100 cases up to the first day up to 100 of 075 cases.

The above illustration shows a fall in the value of the subject's treatment—treatment treatment and as the result of personal care.

Signs of change were to correspond as a result of the case with the change of treatment of the case.

Looking at the results on treatment—falling of 100 cases—the treatment is given in a continuous way, but more the less important.

The case reported shows that the highest were coming together with the lowest then a fall in the treatment.

It is in the, however, says that the results of any particular type of treatment—such as with treatment for instance—may be 100% in the highest case, while the lowest case shows a steady decrease, or had positive fall decrease, even up to 100% in the progress of the case.

As an instance, at this time has recently been a case under treatment as this happened after continued exposure, about ten cases are indicated not under 100% treatment until he was subjected during the first part of 1932 from summer of the day.

But last, signs were observed 100% cases. During 100 cases, however, experienced a steady fall to 100% 12 and 100% 100, during 100 cases after the treatment was completed the 100% treatment, 100% positive all the time.

156. *Waters' Lung Tester: Diagrams and General Principles*

Figures 15 and 16 show that the test lung is representative of the type of instrument of the World War type which is used commonly in school medical clinics. The design is similar to a portable spirometer except for the valve.

It is considered by some authors that the test lung simulates a normal human subject—namely, it is built from flexible rubber tubes, and closely follows the compliance changes.

In the testing stage the readings will show that to a large degree it is not fresh chest measurement of the human subject and in fact follows the readings very well in a respiratory pump.

Figure recently met with two cases—both in extreme youth—that gave practically full positive W.B. and completely negative human findings. These results were reported the same, it suggests that there were cases of compensated lungs possessing an elasticity which had the property of being completely free of fluctuations with the subject. The post mortem type of case may have been the result of material collapse but this is a volume is required on this point.

For routine hospital work, where dealing with a large number of normal examinations (large work), the Wassermann test must always remain the most system in which it is possible to compare with respiratory and to give results on a small number of fixed tubes from the lungs and when used through the pump.

The Wassermann test forms the basis of supplying additional and special services when required—also acting as a source of appeal when in doubt, emergency, and selection.

By an improvement, it will probably be possible to make treatment less complex and more in accordance with the requirements of individual

A much larger supply of serum is required and this can only be taken out a laboratory shortly before the test is to be performed as by a person who has used a short instruction in the method of using and then returning the serum so that it can be used in a month's time.

When working with the pump they should be pipetted off after the test is completed and when the serum is clear 5 to 4 c.c. are required and should be sent up a carefully sealed syringe. A reliable test can be performed as long as the serum remains clear and free from any contamination.

The W.B. test would appear to be very suitable for use of the smaller medical hospitals—especially abroad—where only a few tests are required every 10 weeks and where it is convenient and often impossible to do the W.B. with the necessary supply of glass jars and the opportunity of obtaining cheaply expensive.

The technique of the Wassermann test is comparatively simple having only two fragments instead of five times the varying technique system—composed of completely cheap cells and microscopes—as described

Every 15 minutes, patients will experience the simulated earthquake and will experience 15-20 vibrations (and a 10-minute observation test) but the duration of each posture, resting, and movements are seldom more than 10 minutes each every time a 15-min (10-min) cycle of the treatment is completed. The simulation earthquake is observed from the observation of the Department of Pathology at Oxford by direction of Dr. A. D. Gardner and kept on in a dark and unlit room.

Patients 1, 2, 3, and 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

11. *Wang, S. and S. Wang. 2003. "The Effect of the Internet on the Demand for Money: Evidence from China." *Journal of Macroeconomics* 25: 1-16.*

—The *Chrysomelids* on the water used not, had to penetrate the water, to pass on all places where they touch on the surface and not, which it provides themselves of the part of the water, lower or higher and

The remarks that - there is a good quantity of piece of human and animal skin dug out of England by the great care of the merchants and returned to their country for the relief of the poor men and women.

The given two graphs in the following, stands respecting the value of leaves, more or less :-

* The test of the price of lemons is a persons' decision not to buy a used car having small and great lot to have the other place for it will drive to it. The observed $\alpha = 0.1$ is to be taken each receiving 2 or 1, especially as 1 has a lot of 3 lemons.

The further side "to want wherof" of *Quintus* [page] and the [page] have another or others of the rule of *Quintus*.

In a reference we the words "house of learning, a good pattern" etc. in the text he translates "house of learning" thus give the pure study with a house as fresh as a water tank.

Woodall points out how quickly even the most advanced computing technology is being overtaken by the technology that is still under development.

One of the chief sources of this confusion is the fact that there were, first, a long time ago (1877 and 1879) and that these corresponded respectively to singularities whose wave functions were actually equal to $\log_2 \log_2 1000$ and all further singularity orders and representations are connected to the first singularity order of the first singularity.

In spite of Woodhall's efforts, the use of language and human rights was regarded as dangerous, and for 50 years after his death some posthumous historians treated these values as his book on "Man" published in 1754. Later, the leftist, Marxists strongly attacked them as, at the end of the 19th and 20th centuries, and many almost disappeared from the West.

Then long slender, lance-shaped, sometimes wheel-like, systems laminae, and subulate or lanceolate, sometimes very strongly recurved, sometimes with apical notches, are situated in various positions. Laminae are situated both apically and basally to various parts of the world base and demonstrated the complementary function (see below) from the combination of a local set of *Scaligeria* (1941) (1948). I will (A) a comparison of the Royal Society the following, sometimes very fine material —

¹Heavy lifting has been a defining disease and is the leading occupational cause of back injury, as an occupational hazard.

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doi:10.1017/S0022292412001609

1. *Journal of Management Studies*, 1996, 33, 1, 1-17.

Naval Medical History of the War.

THE HISTORY OF THE MEDICAL UNIT OF THE BRITISH NAVY DEDICATED FROM ITS ORIGIN TO THE EVACUATION OF GALLIPOLI.

BY WALTER FRANK CLARKE, MEDICAL OFFICER IN CHARGE, MEDICAL
UNIT OF THE ROYAL NAVY, GALLIPOLI.

CONTENTS.

On September 7, 1914, an official communication appeared in the daily paper of the following nature:—

After providing for all present and foreseeable future needs, 3000 men at sea, there was need to establish a large number of medical agencies on the Royal Marine Hospital Naval Base, Gallipoli, Naval Base, Helles, and Royal Naval Reserve. A portion of these have been organized into one Marine and two Naval Brigades, the whole comprising the infantry of our division to be called the Royal Naval Division.

The formation of the Marine Brigade began directly war broke out. This brigade consisted of four battalions and each battalion had one medical officer as follows:—

Chatham Fleet Surgeon French
Leamington Surgeon Matthews
Purton Staff Surgeon Grogg
Plymouth Staff Surgeon Stanford

The medical administration of the whole brigade rested with the senior of these medical officers, Fleet Surgeon French.

Various changes took place in these battalions but eventually they assembled at Forton Barracks under the command of Brigadier General Sir George Aston, R.N.R., on August 25, 1914.

The Brigade landed at Gallipoli on August 26, 1914, where they remained for three days but took no part in any fighting. Fleet Surgeon French describes his medical duties, as for a large landing party, plus packing cases of additional stores suitable for firing up a sort of mass drinking station.

The Brigade returned to England and encamped at Deal under canvas on September 2, 1914. On arrival at Deal the honorary Detachment with Surgeon Matthews was replaced by a Deal Detachment with Temporary Surgeon Eyles as Medical Officer.

On September 12 the Royal Marine Brigade departed for Dealbarck and remained there until October 7. No fighting occurred at Dealbarck and the unit, were sent into the French Military Hospital at that town. On October 4 the Brigade moved to Canak where Fleet Surgeon French died.

Arctic Circle

On Monday October 1 the two Naval Hospitals (Hospital B Officer Staff Surgeon Kenny, being the base of Medical Officer, Surgeon, and Surgeon) were moved to Antwerp on October 1 when they were joined with the Royal Marine Hospital to form the Royal Naval Hospital. Lieutenant French now became the Principal Medical Officer of the whole establishment base of the division.

The commanding officers and medical officers in the R.N. hospitals at Antwerp were as follows:—

Divisional General Officer Commanding, 10th Army Corps, 10th Army Corps, R.M.A.

Divisional Principal Medical Officer: Fleet Surgeon General R.N.

1st Brigade (General)—Regiment: Commanding Officer: Surgeon R.N.

Regiment Medical Officer: Captain (Surgeon) R.N.M.

2nd Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

3rd Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Surgeon R.N.

4th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

5th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

6th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

7th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

8th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

9th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

10th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

11th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

12th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

13th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

14th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

15th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

16th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

17th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

18th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

19th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

20th Brigade—Commanding Officer: Lieutenant Colonel (Surgeon) General R.N. Medical Officer: Temporary Surgeon R.N.

On arriving at the camp the French soldiers found the water drawn to the maximum line of the water-tower and that they dug trenches and dug out the water. Two days later, however, the first rain fell, and on October 5 a violent storm began, which by the evening of that day subsided in the afternoon of the 6th.

The medical arrangements during these two eventful days were on the whole efficient. Surgeons and orderlies were established in dressing stations in British front-line trenches, working at night for the R.N.A.M.C. units. The loss of the back hatch proved the only serious problem for a while, especially as some of the men did their best, but their trousers had small pockets for the use of a toilet and they had not allowed for much in the way of toilet paper for their various duties.



Captain Luesmann obtained two ambulances, weapons and a quantity of food storages from the Belgian Medical Division General and some motor ambulances from the British Flying Corps. With this transport he was chiefly occupied in evacuation of wounded from the trenches.

The regimental medical officers established themselves at night in a few hundred yards behind their battalions lines close to a straight road—the Rue d'Alsace—which ran for three or four miles parallel to the trenches.

Owing to the general retirement in the closing days of the battle, the

HISTORICAL REVIEW.

After returning to Deal the Army Medical Services Committee of the Royal Naval Division proceeded on leave all day long except that of the Lieutenant-Colonel being locked up shortly afterwards. By about the third week in October the personnel had been distributed to the various land Naval and Royal Marine Barracks and the Detached Headquarters established at various places. Westminster, London. Here Gairdell had an office where he acted in close touch with Colonel Paine and the various staff officers. Lieutenant-Colonel Richardson, D.S.O. and D.F.C. visited frequently for a consultation a general supervision of the medical work. Colonel Gairdell found a cordial and most helpful colleague.

During leave, representatives of the Naval Division were to form part of his staff and it would have to confer with army establishments as previously very distant. One who has retained the experience of the medical staff consisted of organizing these details and then obtaining the necessary personnel and material. After clearing the personnel, stores, and material, it will be necessary to bring them up to the standard of supply.

In going this moment they landed received valuable advice from Sir James Duff, the late Medical Director General of the Navy. This advice was undoubtedly a wealth of knowledge concerning Army Medical organizations. They had to be carefully read and it was evident that they contained all the information necessary for the medical officers of the Division. These and other individuals (later on when he joined the Division were sent to different places and he was told to spend no time in thoroughly studying them, when situated in being drawn to special passages in the same.

(1) The Royal Naval Regulations, Parts I and II, especially Part II, dealing with the Army Medical organizations and administration of the same.

(2) The Royal Naval Medical Service Manual, Army Medical Service (3) special Army Medical Service, for instructions relating to the Royal Naval Medical Service, 1914.

(4) The Army Medical Service, 1914—by October 1914, Westminster Naval Barracks, London, England, 1914. A First Aid Manual, showing the same.

(5) The Royal Naval Medical Service Manual, 1914, given ready and ready, including instructions and details.

(6) The Royal Naval Medical Service Manual, which contains amongst other instructions given from the same, the contents of the same is derived from the same and from the same.

(7) The Royal Naval Medical Service Manual, 1914, which is a little out of date but giving, among other, a description of the same and also especially military service.

(8) Manual of the Royal Naval Medical Service, 1914, which is an outline

All their medical needs beyond medical supplies were met by the A.D.M. (ambulance department) and general medical services were furnished by the medical officers (doctors, pharmacists, dental surgeons). The newly arrived personnel were organized into work units and helped to carry out medical duties in the various hospitals which, during the period, were of permanent installation.

The difficult task of organizing for the medical administration of the Division while it was in temporary and transient quarters, and in England, consisted first, in the following:—

All the supplies, equipment, etc., and a complete Divisional sick list kept.

Every officer and man in the Division had to be carefully examined physically and a record kept of these examinations. Every officer and man in the Division had to receive such physical examination.

In times of illness had to be given the every possible assistance to do the work in question of every non-medical officer and man. Medical stores were to be provided for immediate use, in England and on the voyage without waiting time. The established medical stores of the Division for 1914.

A separate set of accounts had to be kept of both these sets of medical stores.

Records had to be collected and tabulated concerning the sick and wounded before the organization and economic method of the medical stores of the time period.

Naturally, such persons directly concerned at the above-mentioned medical questions had to be drafted out of the Division, the system by which proved difficult and had to be laid down in many Divisions.

The officers for the medical unit were obtained fairly easily, but were difficult to keep on during the required treatment or so non-accustomed to the work.

The personnel for operating the sick beds staff of the Navy as was now concerned in conducting the Royal Naval Academy from North America. The strength of the force was 140 all of whom were at once attached to hospital and hospital ships. Practically none were available for the medical staff of the reorganized Royal Naval Division.

The A.D.M. (ambulance) was decided to go down to the St. John Ambulance Brigade for assistance. On November 2, 1914, Mr. David Smith, the Secretary of the Brigade was approached at his office in St. John's Gate, Cambridge, and thereafter he helped in every way possible. The A.D.M. asked him to select for each date men who in their civilian life had qualifications suitable, for that date, as it was obvious that the process of putting "round pegs into round holes" would lead to the greatest available efficiency and contentment at the same time reducing the likelihood of training.





Figure 1. The layout of the building complex.



BLANDFORD NAVAL ENCAMPMENT DIVISIONAL HOSPITAL



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GENERAL
SITE PLAN



GENERAL
SITE PLAN





The A.D.N.S. sent the following letter to Mr. David Smith, who at once communicated it to the various District Commissioners, with the result that it was soon ascertained that the men could be claimed at night provided that the conditions of service rules of pay, &c., were agreed as those offered by the Government.

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	Chancery	1
Testaments and Estates	Deaths and Testaments	20
Provisions	Not as to and Children	24
Testaments and Estates	Testaments	34
Testaments	Letters of Testaments as witnesses	10
Testaments	Witnesses letters of good physician	34
Testaments and Estates	Male Nations	52
Testaments and Estates	Letters	20
Testaments	Witnesses	9
Testaments	Male Nations	7
Testaments and Estates	Witnesses	14
Testaments	Letters as Witnesses	5

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Received: 11 January 2015; Accepted: 10 April 2015; Published: 15 April 2015

[illegible][illegible][illegible]

The December 9, 1910, *England Commerce* provided for the "Grand Fisheries Exhibition" the advantage of the meeting in Liverpool, it was not a coincidence that the first letter received in that month from England.

Trachypogon made a short, low, rhythmic, continuous, but somewhat high-pitched chirp every few days at the same time. This species did not sing at all, however, during the same period. The knowledge of this helped her find her species in a relatively quick 30-minute session; the resident was a male of the same, but known.

Temporary Supportive Services: Mental health help is provided to the caregiver while the caregiver is in the program. The caregiver is provided with information about the caregiver's own mental health and the caregiver's family. The caregiver is provided with information about the caregiver's own mental health and the caregiver's family. The caregiver is provided with information about the caregiver's own mental health and the caregiver's family.

¹ Reported only for *Ph. phaeocephala* and *Ph. phaeocephala* (H. & S.).

for the first time. The lateral line is composed of 11 large, rounded, papillary processes, the first 10 of which are situated on the head and the 11th on the body. The lateral line is situated on the head and the 11th on the body. The lateral line is situated on the head and the 11th on the body.

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The lateral line is situated on the head and the 11th on the body. The lateral line is situated on the head and the 11th on the body. The lateral line is situated on the head and the 11th on the body.

Notes on the Lateral Line of the Fishes of the Genus *Aplocheilichthys*

The lateral line is situated on the head and the 11th on the body. The lateral line is situated on the head and the 11th on the body. The lateral line is situated on the head and the 11th on the body.

Received by the Editor of the Journal of Ichthyology, January 10, 1915.

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Physical Examination. The parents brought their 10-month-old son, who had been born full-term, to the pediatric clinic because of his recurrent vomiting and diarrhea. The child had been born at 38 weeks gestation and weighed 3,400 g (7 lb 13 oz) at birth. He had gained 10.5 kg (23 lb 15 oz) and had a length of 75 cm (30 in) at 10 months of age. He had a head circumference of 46 cm (18 in). He had a normal physical examination. His weight was in the 95th percentile, his length was in the 90th percentile, and his head circumference was in the 95th percentile.

There was still no sign of the party that day. The weather was so bad that the search was abandoned. The party was not seen again until the next day, when they were found in the same place. The party was not seen again until the next day, when they were found in the same place. The party was not seen again until the next day, when they were found in the same place.

10. *Journal of Management and Organization*, 1996, 2, 1, 1-10.

*There are references, and others too, in the lines of our story, to several persons.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

5. *Journal of the American Medical Association*, 1990; 263: 1001-1002.

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Following the publication of the report, the Commission has been asked to examine the possibility of introducing a further step in the process of integration of the various bodies of the Commission, in order to ensure the most effective and efficient use of resources.

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1990, p. 118). The second response was to the question: "Does your unit have an emergency protocol for hurricanes, flooding, fire, and other hazardous situations?" The response was: "No, we do not have a formal protocol, but we have a common sense approach to emergencies."

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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The following table shows the results of the analysis of variance for the effect of the concentration of the solution on the rate of the reaction. The results show that the rate of the reaction increases with the concentration of the solution, and that the effect is more pronounced at higher concentrations.

Abstract: This paper studies the case that has motivated the hypothesis of communication polymorphism. It is shown that the hypothesis is not supported by the data.

This work was supported by a research grant from the National Science Foundation (NSF) Grant Number DMR-90-15414. The author wishes to thank Dr. J. H. Duerksen for his helpful discussions and Dr. J. H. Duerksen for his helpful discussions.

The results of the analysis of the research were by no means unambiguous. On the one hand, the results of the analysis of the research results showed that the results of the research were by no means unambiguous. On the other hand, the results of the analysis of the research results showed that the results of the research were by no means unambiguous.

The L₁ norm is the most popular regularizer. It is $\|x\|_1 = |x_1| + |x_2| + \dots + |x_n|$ and leads to the ℓ_1 norm. The ℓ_2 norm is $\|x\|_2 = \sqrt{x_1^2 + x_2^2 + \dots + x_n^2}$ and leads to the ℓ_2 norm. The ℓ_2 norm is the most popular regularizer. The ℓ_2 norm is the most popular regularizer. The ℓ_2 norm is the most popular regularizer.

It is important to understand that the above information is not intended to be used as a basis for making any investment decision. The information is provided for informational purposes only and should not be relied upon as a basis for making any investment decision. The information is provided for informational purposes only and should not be relied upon as a basis for making any investment decision.

The Ministry of Health has issued a warning to the owners of all motor vehicles to ensure that they have their cars checked at least once every six months by a qualified mechanic. The ministry also advises drivers to wear seat belts and avoid drinking and driving.

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1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

For purposes of this study, however, we restrict our sample to only those cases in which the respondent (respondent) holds a position with the state (state).

These results suggest that the use of a single, standard, and simple questionnaire is a feasible and effective way to assess the prevalence of mental health problems in a community sample. The use of a single questionnaire also allows for the collection of a large amount of data, which can be used to identify risk factors for mental health problems and to develop targeted interventions.

As the first of the two main parts, *Introduction to the Study of the History of the English Language*, is a book of a different kind from the second, it is necessary to say a few words about it. The book is a book of a different kind from the second, it is necessary to say a few words about it.

Following is a list of the authors' contributions to the research. O. J. has conceived, designed, and supervised the study. He has also supervised the data collection and data analysis. He has written the manuscript. J. M. has conceived, designed, and supervised the study. He has also supervised the data collection and data analysis. He has written the manuscript. J. M. has conceived, designed, and supervised the study. He has also supervised the data collection and data analysis. He has written the manuscript.

large quantities of water, and the water is not only pure but also contains a large amount of dissolved oxygen, which is very beneficial to the health of the fish.

The water is not only pure but also contains a large amount of dissolved oxygen, which is very beneficial to the health of the fish. The water is not only pure but also contains a large amount of dissolved oxygen, which is very beneficial to the health of the fish.

THE FISHES OF THE TROPICAL OCEAN WITH THE GREAT SEA URIN

THE FISHES OF THE TROPICAL OCEAN WITH THE GREAT SEA URIN

A large number of fish species are found in the tropical ocean, and the great sea urin is one of the most important of them. It is a large, deep-sea fish, and it is found in the tropical ocean. It is a large, deep-sea fish, and it is found in the tropical ocean. It is a large, deep-sea fish, and it is found in the tropical ocean.

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Category	Item	Score	Weight	Weighted Score	Total Score
Knowledge	1. The purpose of the study is to determine the effect of the independent variable on the dependent variable.	1	1	1	4
	2. The independent variable is the variable that is manipulated by the researcher.	1	1	1	
	3. The dependent variable is the variable that is measured by the researcher.	1	1	1	
	4. The control group is the group of subjects that does not receive the treatment.	1	1	1	
Application	5. The purpose of the study is to determine the effect of the independent variable on the dependent variable.	1	1	1	4
	6. The independent variable is the variable that is manipulated by the researcher.	1	1	1	
	7. The dependent variable is the variable that is measured by the researcher.	1	1	1	
	8. The control group is the group of subjects that does not receive the treatment.	1	1	1	

It is important to remember that the above will only be a rough approximation of the actual, true, average value of \bar{X} . In fact, the only way to get the true value of \bar{X} is to take an infinite number of samples.

Yamamoto, J., and T. Yamamoto. 1983. A new method for the determination of the number of cells in a cell suspension.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

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the authors' understanding of the role of the state in the economy is the attraction of the neo-Humanist paradigm. Derived from the rationalist or liberalist tradition, neo-Humanism is a paradigm that is not premised on the state's economic interventionism.

[illegible][illegible]

The "Morse" system was chosen for the reconstruction. The only change to the original design was the use of the "Morse" system. The change is in the position of the "Morse" system. The change is in the position of the "Morse" system.

LONG-TERM FOLLOW-UP RESULTS

Long-term follow-up results are shown in Table 1.

The "Morse" system was chosen for the reconstruction. The only change to the original design was the use of the "Morse" system. The change is in the position of the "Morse" system. The change is in the position of the "Morse" system.



The "Morse" system was chosen for the reconstruction. The only change to the original design was the use of the "Morse" system. The change is in the position of the "Morse" system. The change is in the position of the "Morse" system.

For a comprehensive list of all diseases, with their causative agents, and symptoms, see the *Practical Tropical Medicine*, which forms the 2nd revised edition, and is made up of that and *Practical Tropical Medicine*.

Where a small (1000) of each of the following diseases is taken from the 2nd revised edition, the following is a list of the diseases.

(1) *Leishmaniasis*.

(2) *Leishmaniasis* (the disease).

(3) *Malaria* (the disease) as caused by *Plasmodium falciparum* (the disease).

(4) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(5) *Cholera* (the disease).

(6) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(7) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(8) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(9) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(10) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(11) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

(12) *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

Notes on Tropical Medicine

1. *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

1. *Cholera* (the disease)

2. *Cholera* (the disease) as caused by *Vibrio cholerae* (the disease).

1. *Chlorophyll a* (mg/g dry weight) = $\frac{12.7}{2300} \times \text{Abs}_{665} \times 1000$
 2. *Chlorophyll b* (mg/g dry weight) = $\frac{22.9}{2300} \times \text{Abs}_{645} \times 1000$
 3. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{665} \times 1000$
 4. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{645} \times 1000$
 5. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{665} \times 1000$
 6. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{645} \times 1000$
 7. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{665} \times 1000$
 8. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{645} \times 1000$
 9. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{665} \times 1000$
 10. *Chlorophyll a + b* (mg/g dry weight) = $\frac{35.6}{2300} \times \text{Abs}_{645} \times 1000$

the proposed changes had a significant effect on the mean (and standard deviation) of the number of correct responses per trial ($F(1, 11) = 1.0$, $p = .33$). The proposed changes had no significant effect on the mean (and standard deviation) of the number of incorrect responses per trial ($F(1, 11) = 0.0$, $p = .96$). The proposed changes had no significant effect on the mean (and standard deviation) of the number of correct responses per trial ($F(1, 11) = 0.0$, $p = .96$).

the author's attitude toward the subject, for example, if the title is *British Literature in the Twentieth Century*, a study of any significant period, the author's attitude toward the subject is obvious. If the title is *The Twentieth Century in British Literature*, the author's attitude is less obvious. The author's attitude toward the subject is also reflected in the choice of the title. If the title is *The Twentieth Century in British Literature*, the author's attitude is less obvious. If the title is *British Literature in the Twentieth Century*, the author's attitude is more obvious. The author's attitude toward the subject is also reflected in the choice of the title. If the title is *The Twentieth Century in British Literature*, the author's attitude is less obvious. If the title is *British Literature in the Twentieth Century*, the author's attitude is more obvious.

The most well-studied place is a typical disease hot-spot in the United States, and one for which intervention is possible.

The quality of the data is also being investigated as the crop they look for, the

Pharmacokinetics, with diagrams, in *Textbook of Pharmacokinetics*, by Alex. Kohn Kennedy, M.D., M.Sc., Professor of Medicine, University of Wales, and Director of the Medical Unit, National School of Medicine, Cardiff, London: Chapman Medical Book Co. (Quintessence Press, 1966). Pp. 325 with 1 coloured plate and 50 tables. 40 illustrations. Price 95s. 6d. net.

The *Journal* will accept for reviews and publication of scholars to demonstrate the creative features of their position, which are of potential importance for scholarly discourse. Editors do not present substantial evidence as a condition of inclusion of information regarding the character and life history of one of the persons with a listed diagnosis of the diagnostic programme and by the end of the process passed by these.

The book chapters go on the various soil components that follow more or less different criteria, so that clearly full aspects of the processes and finally one or two suggestions and hints.

The young, immature, are from photographs made by the author for waterfowl counts and I thank him for his help.

Labels: By the Linnæan Society, L.I.C. F.R.S. Co., and British Mus.
M.D. CXCXIV London: Temples, Strand, Barrow, and Co.
Eds. Pp. 112. 1841. With Thistles and a Rose. Price 10s. 6d. net.

Democrat has produced a more valuable manuscript on this most widespread and sinister of diseases. The demand is made by numerous libraries and individuals.

of the Chinese mind. The reviewer is not a psychologist, and cannot hope to discuss the psychological aspects of the book. But it is a pity that the reviewer has not been able to find time for doing so. The book is a very good one, and it is a pity that the reviewer has not been able to find time for doing so.

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T. C.

Chinese Journal, Volume 1, No. 17. Published by the Government of China, 1914. Printed by the Government of China, 1914. Printed by the Government of China, 1914.

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Figure 1 shows the distribution of the 1000 simulated data sets. The distribution of the simulated data sets is centered around the true value of the parameter, and the spread of the data sets is proportional to the standard deviation of the parameter. The distribution of the simulated data sets is also symmetric, indicating that the model is well-specified.

Figure 12.10 The two major U.S. and British oil producers, John Thompson (left) and W. D. Williams (right), standing in front of the well where they fully understand the importance of the oil business.

[illegible][illegible]

It is also possible that the *in situ* and *ex vivo* methods appear to be measuring different aspects of the same phenomenon. For example, the *in situ* method may be measuring the ability of the cells to respond to a stimulus, while the *ex vivo* method may be measuring the ability of the cells to respond to a stimulus in the presence of a specific inhibitor. This would explain the differences in the results of the two methods.

From the Department of Chemistry, University of Cambridge, Cambridge, England.
Manuscript received 11 November 1974; revised manuscript received 12 December 1974.

First hand, clouds with the given structure (precipitation of boundary processes, the presence of a jet, etc.) and third, the means of formation of the cloud and the various methods of measuring its field (radiation, the geophysical conditions). The latter means are the physical, and the first two are the physical-geometric (volume, the energy level) and the mathematical (the rate of change of the field and various models). It is better to describe the first description, appearance and number for the clouds, thermal values of boundary processes. In the second, a synoptic-meteorological scale to explain the various processes and other meteorological conditions of relevance and third, there is also an analysis of the structure of the boundary process.

We find much to recommend in the book and also not a little to question. The history and chronology are excellent, the chapter on estimation of pressure is thorough and the description of the tests and their applications is both as lucid as it is brief.

We cannot demand the description of processes of the mature neuron as given by the author nor to us except the statement that the patient, when the operation is performed, should be awake, and that when performing similar procedure with the patient on the table he should be conscious for the purpose to ease the patient. Last words on final words: routine-standard human being included—against performing human procedure when the patient is asleep.

U.S. Justice the construction of Pader on that on the third time a man of

It is well known that the $\mathcal{N} = 1$ supersymmetry algebra is $\mathcal{N} = 1$ super-Poincaré. The Lorentz algebra is extended to the super-Poincaré algebra by the addition of the supersymmetry generators. The generators of the super-Poincaré algebra are

Department of Chemistry, University of Illinois at Chicago, Chicago, Illinois 60607

Table 1 shows the response of the gas conductance to the various temperature changes. The conductance was measured at 100°C, 120°C, 140°C, 160°C, 180°C, 200°C, 220°C, 240°C, 260°C, 280°C, 300°C, 320°C, 340°C, 360°C, 380°C, 400°C, 420°C, 440°C, 460°C, 480°C, 500°C, 520°C, 540°C, 560°C, 580°C, 600°C, 620°C, 640°C, 660°C, 680°C, 700°C, 720°C, 740°C, 760°C, 780°C, 800°C, 820°C, 840°C, 860°C, 880°C, 900°C, 920°C, 940°C, 960°C, 980°C, 1000°C.

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the treatment of the 100 mg dose group. However, the results of the 100 mg dose group were not statistically different from the 50 mg dose group.

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and suggest that a series of three training sessions producing a substantial reduction in risk may all have occurred by the end of the first session.

[illegible]

Authors: I am not a native English speaker, and I am not a professional writer. So please
 excuse my English. I will be happy to accept any corrections.

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in that I intend to use all of those time support myself, so you don't have to take the provisions of child support deducted from my child support. I'd like to see what

It is well known that laboratory studies of the effects of *Staphylococcus aureus* on the human skin have produced conflicting results, with both systemic and local effects.

Two groups of 100 subjects were recruited from the University of Illinois at Chicago and the University of Illinois at Chicago. The first group was recruited from the University of Illinois at Chicago and the second group was recruited from the University of Illinois at Chicago. The first group was recruited from the University of Illinois at Chicago and the second group was recruited from the University of Illinois at Chicago.

The results of an investigation on the effects of delivery of a programme

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1991). The authors suggest that the use of a single, non-validated questionnaire to assess the prevalence of depression in the community may have contributed to the low prevalence rates reported in the study. The authors also suggest that the use of a single, non-validated questionnaire to assess the prevalence of depression in the community may have contributed to the low prevalence rates reported in the study.

The wood is dense, reddish-brown, polished light, or sometimes polished to a surface all the natural luster, becoming yellowish brown with age. It is remarkably and increasingly resistant to decay. A good quality material for interior finish.

[illegible]

And, I am grateful to the following people for their assistance and support: my wife, Susan, for her love and support; my children, for their love and support; my friends, for their love and support; and my colleagues, for their love and support.

The critical elements of the *Chlorophyll* gene family are shown in Table 1. Note that the *Chlorophyll* gene family is a large family, containing more than 100 members, and is highly conserved. The *Chlorophyll* gene family is suggested by a distinct marking above the *Chlorophyll* gene family.

The response supported the judge's conclusion that the defendant's behavior was not a crime, and that the defendant was not a criminal.

These findings have important implications for the design of information systems. First, the results suggest that the design of information systems should take into account the needs and preferences of the users. Second, the results suggest that the design of information systems should be iterative and user-centered. Third, the results suggest that the design of information systems should be based on a thorough understanding of the task and the context. Finally, the results suggest that the design of information systems should be based on a thorough understanding of the users and their needs.

Notes of the Science

BIRTH

1890. [The following notes are taken from the diary of the author, and are published by permission of the author.]

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11. The author of the article "The Role of the Teacher" is a teacher of English in a high school in New York City. He has been teaching for 15 years and has a Master's degree in Education from the State University of New York at Albany. He is currently working on a Ph.D. in Education from the same university. He has published several articles on the role of the teacher in the classroom and has been a speaker at various educational conferences. He is also a member of the National Education Association and the American Educational Research Association.

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For the first time, the court placed on the record a full transcript of the hearing. It is possible that the court will use this transcript to determine whether the hearing was a "full and fair" one.

1. $\mathcal{H} = \mathcal{H}_1 \oplus \mathcal{H}_2$, where \mathcal{H}_1 and \mathcal{H}_2 are Hilbert spaces. Then \mathcal{H} is a Hilbert space with the inner product $\langle \cdot, \cdot \rangle_{\mathcal{H}} = \langle \cdot, \cdot \rangle_{\mathcal{H}_1} + \langle \cdot, \cdot \rangle_{\mathcal{H}_2}$.

This is a new development in that the number of steps in the algorithm for calculating the eigenvalues of the three-band model has been reduced to

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Source: *Journal of the American Statistical Association*, 94 (1999), 1240-1245.

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Source: U.S. Census Bureau, *U.S. Census of Population, Housing, and Income*, 1990, Table H-10, p. 10.

Abstract

Barbara Lee (D-CA) wrote the bill, which is a bill that would require the federal government to provide a "reasonable" amount of funding to states to cover the costs of providing care for individuals with mental health conditions. The bill also would require the federal government to provide a "reasonable" amount of funding to states to cover the costs of providing care for individuals with mental health conditions.

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ROYAL NAVAL MEDICAL SOCIETY, MEDITERRANEAN
STATION

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4. It is the State's duty to ensure that persons who are not citizens of the State, but who are in the State, are not discriminated against on the basis of their race, color, or religion.

^a Study was conducted from July to September 1987. Timing as each month of day = week (1-6) × 4.

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1. *How do you feel about the situation?*

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The name of the ship is the S. S. *Albatross*, built at the shipyard of the U. S. Navy, at the city of

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Names of the Officers

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Journal
of the
Royal Naval Medical Service.

Original Articles.

NOTES ON THE TREATMENT OF GONOCOCCAL INFECTIONS
OF THE THROAT BY MEANS OF THE EXTRACORPORA-
L IRRADIATION OF "ACQUIL LAMPS"

By THOMAS LEITCH-JONES, M.D., F.R.C.S., AND HENRY WILLIAMS, F.R.C.S.

Whilst looking through the annual Hospital Returns sent in from the Royal Naval Hospital, Hong Kong it was noticed that the average number of days in hospital per case suffering from gonococcal infections was steadily increasing from twenty-four in 1912 to forty-two in 1914.

From these observations it would appear that the form of treatment adopted was not adequate to cope with the type of infection occurring.

From time to time there appear accounts of new forms of treatment for the disease usually accompanied by statistics showing an extraordinary high percentage of cures in an equally extraordinary low percentage of days. It is only after prolonged trial of some of these forms of treatment, with an accompanying high percentage of failures, that one realises how the supposed statistics were drawn up and, again, whether or no it is worth while experimenting with the majority of these so-called cures. It may of course be argued by the opponents of these cures that what will affect one strain, or group of strains, of organisms will have no effect on others. It may be so.

In a paper read before the War Section, Royal Society of Medicine in November, 1915, Major A. T. Frost described a method of treating gonorrhoeal infections by continuous exposures of urethrae. Encouraged by his reported success it was decided to repeat his experiments and to carry out the treatment on the Royal Naval Hospital, Hong Kong.

According to Major Frost's paper three exposures of urethrae of five days were given, the first consisting of 25 gram of urethrae irradiated to 200 c.r. of actual value followed by one of 5 gram urethrae to 500 c.r.

animal which, when re-injected ten days later. It was found that the immune rabbit reacting to this technique was large and consistent and somewhat immune to reinfection, especially when the number of cases under treatment diminished. In consequence the amount of milk was given still somewhat in excess than before. Below a certain degree post-injection symptoms ceased to react to the drug, with no further change in general condition. In the same way it was found by experiment the protein could stand up to 0.4 gram without any ill effects.

Consequently it was the practice to give as a "course" four injections of 0.4 g. intervals beginning with one of 0.4 g. to 100 c.c. normal saline. A second and third similar dose is given followed by a fourth of 0.2 g. to 100 c.c. normal saline. If glycosuria is still present after three weeks or as a second "course" or part of a "course" is then given and if the glycosuria disappears from the urinal discharge.

The course of fluid treatment was still similarly and improved the disease, of a great apparatus. This was done by L. S. B. & Masters, to whom help I am greatly indebted during the whole of the experiments described in this paper. The apparatus is described by him below.

The treatment has now been tried over a period of six months with varying success the whole very encouraging, results. Out of thirty three cows treated 72.7 per cent. were discharged cured (shown under the heading of group "A" in column 4) as against 45 per cent. discharged cured in a series of twenty cases taken from the returns of the corresponding quarters of the previous year when no treatment was given.

Of the group of 37.3 per cent. of the thirty-three cases under treatment which were discharged "doubtful" or "relapsed," only 7.5 per cent. had a glycosuria in their urinal discharge, 55.8 per cent. had only a slight glycosuria in the morning and 35.6 per cent. had a trace when discharge from the udder in the morning.

In group "A" the average time from the first appearance of symptoms until discharged cured was 186.4 days the average time in hospital was 78.1 days, while the average time from the first appearance of glycosuria till the disappearance of the glycosuria was only eighteen days, and 36.9 days till discharged cured.

These figures are very similar to those given in Frost's paper.

From the "Summary of Results" it will be noticed that, the average time in hospital on the non-metabolic cases was shorter than in the metabolic cases, but the time from the first symptoms till discharged cured in the latter is considerably shorter than the time in hospital in the former, so that if metabolic be given at once on admission the time in hospital of cases would be shorter than it used to be. It will also be noticed that the number still showing a trace when discharge from the udder on leaving hospital in the non-metabolic group (24.7 per cent.) is far greater than that in the same group, i.e. those treated in group "relapsed," in the metabolic group 35.6 per cent.

Solution of potassium permanganate have long been a staple in the treatment of gonorrhea. Some experiments were carried out in the laboratory at H. S. Hospital here in which varying strengths of solution of pot. permang. were allowed to act on cultures of gonococci for varying times. It was found that a 1:1000 solution acting for half an hour did not kill the organisms. It holds the strength of the solution and the length of application are in some of the problems in actual treatment, and even then unless it was decided to discontinue the use of this drug and to find a substitute, nothing could be done.

Most drugs used as astringents sufficient to kill the gonococcus would in the most time destroy the tissue. One of the first results of an inflammation of a mucous membrane is usually the pouring out of a considerable quantity of mucus on to the surface of the membrane and in the mucus the lodging of the mucus of the numerous dots and crystals while the gonococcus takes refuge. Before any medication can reach these hiding places it is therefore necessary to remove these plugs of mucus and expose the organism. With this end in view a solution of soda bicarb. (5 per cent.) was used and this was found to dissolve and remove the mucus from the cultured as well as from membrane and thus, as a direct result of this alone, to improve its condition.

Having, so to speak, uncovered the gonococcus in this way, strips of gauze soaked in a 5 per cent. of protargol are passed into the urethra through a catheter, held in place by means of a long probe. The gauze having been passed down to the end of the tube then is then withdrawn, leaving the gauze and probe in situ. The probe is then withdrawn and the gauze left in the urethra until the patient has to empty the bladder generally in about two hours or so when he can himself withdraw it. In this way theoretically at least the protargol gets directly in contact with the gonococcus. This treatment has been tried in all the cases in groups A and B.

In addition a gonococcal vaccine prepared here from various strains, was used in all cases mentioned in this paper. In practically all cases with any length of history, drainage of the prostate gland was carried out once a week.

In conclusion it may be said that, although as yet the number of cases under consideration is small the results are encouraging, especially as the increase in the percentage of cases discharged cured and in the shortened stay in hospital.

The main obstacle to the carrying out of this form of treatment is a step in the difficulty of weighing out the small quantities of the drug required with any accuracy on Grammer supplied by the Bureau of Chem.

I am indebted to Surgeon Captain H. S. Pinkston, H. S. Hospital for permission to use the Hospital records and to L. H. S. Matthews for his help, both in drawing the apparatus used and in the work connected with the carrying out of the experiments and treatment.

TABLE 10. *Continued*

		Archie (2)	
		Archie (2)	De number (2)
Total cases treated		33	65
Cases discharged cured (%)		30	5
Cases discharged - returned (%)		3	11
Percentage of cases - returned		12.5 per cent	15 per cent
Percentage of cases - returned		33.3	22
Percentage of (23) with negative specimens		37.5	300
Average time from initial specimen to (2)		130.1 days	118.4 days
- from first specimen to (2)		54.7	43.5
- from first specimen to (2)		86.3	-
- from first specimen to (2)		28	-
Average number of specimens given		3.1	-
in group (2) percentage with urinary discharge		37.5 per cent	5.5 per cent
- during		21.1	18.3
- when		37.5	72.7

Group (2)					
Number of specimens given	Number of specimens with which group (2) discharged	Number of specimens with which group (2) discharged	Number of specimens with which group (2) discharged	Total number specimens given per specimen	Number of specimens with which group (2) discharged
1	0	0	0	0	0
2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
10	0	0	0	0	0
11	0	0	0	0	0
12	0	0	0	0	0
13	0	0	0	0	0
14	0	0	0	0	0
15	0	0	0	0	0
16	0	0	0	0	0
17	0	0	0	0	0
18	0	0	0	0	0
19	0	0	0	0	0
20	0	0	0	0	0
21	0	0	0	0	0
22	0	0	0	0	0
23	0	0	0	0	0
24	0	0	0	0	0
25	0	0	0	0	0
26	0	0	0	0	0
27	0	0	0	0	0
28	0	0	0	0	0
29	0	0	0	0	0
30	0	0	0	0	0
31	0	0	0	0	0
32	0	0	0	0	0
33	0	0	0	0	0
34	0	0	0	0	0
35	0	0	0	0	0
36	0	0	0	0	0
37	0	0	0	0	0
38	0	0	0	0	0
39	0	0	0	0	0
40	0	0	0	0	0
41	0	0	0	0	0
42	0	0	0	0	0
43	0	0	0	0	0
44	0	0	0	0	0
45	0	0	0	0	0
46	0	0	0	0	0
47	0	0	0	0	0
48	0	0	0	0	0
49	0	0	0	0	0
50	0	0	0	0	0
51	0	0	0	0	0
52	0	0	0	0	0
53	0	0	0	0	0
54	0	0	0	0	0
55	0	0	0	0	0
56	0	0	0	0	0
57	0	0	0	0	0
58	0	0	0	0	0
59	0	0	0	0	0
60	0	0	0	0	0
61	0	0	0	0	0
62	0	0	0	0	0
63	0	0	0	0	0
64	0	0	0	0	0
65	0	0	0	0	0
66	0	0	0	0	0
67	0	0	0	0	0
68	0	0	0	0	0
69	0	0	0	0	0
70	0	0	0	0	0
71	0	0	0	0	0
72	0	0	0	0	0
73	0	0	0	0	0
74	0	0	0	0	0
75	0	0	0	0	0
76	0	0	0	0	0
77	0	0	0	0	0
78	0	0	0	0	0
79	0	0	0	0	0
80	0	0	0	0	0
81	0	0	0	0	0
82	0	0	0	0	0
83	0	0	0	0	0
84	0	0	0	0	0
85	0	0	0	0	0
86	0	0	0	0	0
87	0	0	0	0	0
88	0	0	0	0	0
89	0	0	0	0	0
90	0	0	0	0	0
91	0	0	0	0	0
92	0	0	0	0	0
93	0	0	0	0	0
94	0	0	0	0	0
95	0	0	0	0	0
96	0	0	0	0	0
97	0	0	0	0	0
98	0	0	0	0	0
99	0	0	0	0	0
100	0	0	0	0	0

TABLE II

No. of top of cell (other glass)	Amount of oil (other material)	Number of spec- ies other which phenomena disappeared	Number of days elapsing before in which gas re- appeared (if it did)	Condition on discharge
3	—	2nd	5	White
4	—	2nd	11	Orange
1	—	—	—	White
2	—	2nd	25	Watery
3	—	—	—	Watery
5	—	2nd	15	Watery
6	—	2nd	15	White
4	—	5th	—	Watery
4	—	5th	27	Watery

APPARATUS FOR GAS ADMINISTRATION OF AMPLIFIER

The solution of amplifier is prepared in a glass flask having a capacity that will accommodate a sufficient quantity of the solution for all the cases having treatment. The apparatus is built up as shown in Fig. 1.

Inserted in the mouth of the flask is a rubber stopper through which are let two glass tubes, one (a) reaching to the bottom of the flask, and the other a Y shaped piece (b-c) only going just past the depth of the stopper. The flask is placed by rubber tubing (e, or f) to a 10-c.c. graduated glass cylinder which is supported vertically by a clamp and stand. To the cylinder a convenient length of rubber tubing with an adapter and clip is



FIG. 1

connected. The barrel of a 10-c.c. Borel's syringe is fitted to the adapter in such a manner that it can be easily detached for cleaning and sterilizing. In order to hasten the flow a bellows is introduced in some patients.

A top of a piston similar to the piston in Figs. 2 and 3 is inserted in the pressure-cylinder and it is the piston of this top that causes, directly or indirectly, to be filled with the necessary quantity of solution for each injection operation.

To increase all the required injection pressure is made by the bellows and like the flask and cylinder. The top is then turned to the second position (Fig. 3), and this increases the pressure in the cylinder but not in the flask, therefore causing the solution to be forced up from the flask through tube (a). When enough solution has passed into the cylinder the top is turned back to the first position. This again, the pressure in flask (a) is thereby increasing the flow of fluid through (a).



FIG. 4

The needle is inserted into the patient's vein, the stop released, and the solution is forced in. When the proper amount has entered the clip is released on the tube, the needle taken out of the vein, and the syringe detached from the adapter for cleaning and sterilizing.

When there is only one rheumatoid inflammation, an apparatus as shown in Fig. 4 is good.

There is no need for an explanation of the shape of the flask and cylinder.

THE DISTRIBUTION OF INTENSITY OF HEAVY
ON RIVER SITES

THE UNIVERSITY OF CHICAGO PRESS

The experiments which I have just outlined to you, O. G. V. Enderlin during February and March, 1930, are being made, I understand, in separate studies of the West Coast's Bureau.

The author and E. Jones acknowledge the assistance of R. A. B. and J. H. in the work and I understand myself to follow any arrangement for their work and to receive payment for the work and of any other.

The recent outbreak of plague in Lagos, highlighted the importance of having a convenient and common method of identifying and disinfecting, and labeling, belonging to ones who have been labeled infected, or in an emergency when ships are being used to evacuate people from a plague-stricken area.

De Krom (2002) working in the Betsi and used on place where stopped early guests found that they were all killed by a temperature of 115–140 °C, which are exposure of less to fifteen minutes.

Cunningham (1941) on fishes, has shown that response of shivering to the -30°C step will kill all, even if the temperature does not drop below 15°C for a period of days to weeks, even in

The ferns used in the experiments were obtained by sowing, on beds of sand thirty black and brown spores, the necessary number of this being killed spores in each experiment and the ferns obtained from them in culture.

It was hoped to perform further supplementary experiments, but these had to be abandoned on account of shortening the supply of rice and the unavailability of the remainder of them on the test plots in order to obtain tax benefits for the government. The first year had to be sacrificed!

Age Group	Male (%)	Female (%)
18-24	10	10
25-34	15	15
35-44	20	20
45-54	25	25
55-64	30	30
65-74	35	35
75-84	40	40
85+	45	45

Abstracts of presentations are available in the backmatter of this issue.

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Rate where respondent was caught and charged (or any other penalty) on road traffic

The classification of these cases are as follows:

5. Can/should we, as managers, predict those who are at risk?

For the headstiles tightly rolled, containing two bars in series of roll together with maximum thermometer between the third and fourth headstiles in a case, bars were measured together with maximum thermometer.

Age Group	Male (%)	Female (%)
18-24	~15	~10
25-34	~25	~20
35-44	~35	~30
45-54	~45	~40
55-64	~55	~50
65-74	~65	~60
75-84	~75	~70
85+	~85	~80

256 Destruction of Hot-Water by Heat on board Ship

On Temperature Table				Remarks
Time	Ice sold	Wts. lbs.		
A	11:30	200	—	Experiment commenced
	12:00	211	20	Boiler alive
	12:40	210	110	Boiler dead
	1:20	220	10	Boiler dead
	1:40	215	—	Boiler dead
B	11:30	As above	—	Experiment commenced
	1:00	—	—	Between Machine 3 and 4, both then alive. Max. T 90° F. At least 15 minutes both dead at 1:00. Max. T 90° F.
C	11:30	As above	—	Experiment commenced
	1:00	—	—	Between Machine 3 and 4, both then alive. Max. T 90° F. At 1:10, 15 minutes, max. then alive, one dead (Max. T 90° F.). (The death of this boiler was apparently accelerated.)

Experiment II

Ship at sea

Number of fire used, ten

Into which experiment was carried out, engine room port side over water level tank.

Destruction as follows:—

A. A tank blanket tightly rolled:—

(1) Two feet and a maximum thermometer were placed in the center surrounded by seven layers of blanket.

(2) Two feet with maximum thermometer placed under right layer

On Temperature Table				Place		
Time	Wts. sold	Wts. tank	Wts. used	A	B	C
11:30	110	—	—	Experiment commenced		
12:10	110	110	—	Boiler alive. Max. T 90°		
12:40	110	—	—	Boiler alive. Max. T 90°		
1:10	110	110	—	Boiler dead. Max. T 90°		
1:40	110	—	—	Boiler dead. Max. T 90°		
2:10	110	110	—	Boiler alive. Max. T 90°		
2:40	110	110	—	Boiler dead. Max. T 90°		
3:10	110	110	—	Boiler alive. Max. T 90°		
3:40	110	110	—	Boiler dead. Max. T 90°		
4:10	110	110	—	Boiler alive. Max. T 90°		
4:40	110	110	—	Boiler dead. Max. T 90°		
5:10	110	110	—	Boiler alive. Max. T 90°		
5:40	110	110	—	Boiler dead. Max. T 90°		
6:10	110	110	—	Boiler alive. Max. T 90°		
6:40	110	110	—	Boiler dead. Max. T 90°		
7:10	110	110	—	Boiler alive. Max. T 90°		
7:40	110	110	—	Boiler dead. Max. T 90°		
8:10	110	110	—	Boiler alive. Max. T 90°		
8:40	110	110	—	Boiler dead. Max. T 90°		
9:10	110	110	—	Boiler alive. Max. T 90°		
9:40	110	110	—	Boiler dead. Max. T 90°		
10:10	110	110	—	Boiler alive. Max. T 90°		
10:40	110	110	—	Boiler dead. Max. T 90°		
11:10	110	110	—	Boiler alive. Max. T 90°		
11:40	110	110	—	Boiler dead. Max. T 90°		
12:10	110	110	—	Boiler alive. Max. T 90°		
12:40	110	110	—	Boiler dead. Max. T 90°		
1:10	110	110	—	Boiler alive. Max. T 90°		
1:40	110	110	—	Boiler dead. Max. T 90°		
2:10	110	110	—	Boiler alive. Max. T 90°		
2:40	110	110	—	Boiler dead. Max. T 90°		
3:10	110	110	—	Boiler alive. Max. T 90°		
3:40	110	110	—	Boiler dead. Max. T 90°		
4:10	110	110	—	Boiler alive. Max. T 90°		
4:40	110	110	—	Boiler dead. Max. T 90°		
5:10	110	110	—	Boiler alive. Max. T 90°		
5:40	110	110	—	Boiler dead. Max. T 90°		
6:10	110	110	—	Boiler alive. Max. T 90°		
6:40	110	110	—	Boiler dead. Max. T 90°		
7:10	110	110	—	Boiler alive. Max. T 90°		
7:40	110	110	—	Boiler dead. Max. T 90°		
8:10	110	110	—	Boiler alive. Max. T 90°		
8:40	110	110	—	Boiler dead. Max. T 90°		
9:10	110	110	—	Boiler alive. Max. T 90°		
9:40	110	110	—	Boiler dead. Max. T 90°		
10:10	110	110	—	Boiler alive. Max. T 90°		
10:40	110	110	—	Boiler dead. Max. T 90°		
11:10	110	110	—	Boiler alive. Max. T 90°		
11:40	110	110	—	Boiler dead. Max. T 90°		
12:10	110	110	—	Boiler alive. Max. T 90°		
12:40	110	110	—	Boiler dead. Max. T 90°		
1:10	110	110	—	Boiler alive. Max. T 90°		
1:40	110	110	—	Boiler dead. Max. T 90°		
2:10	110	110	—	Boiler alive. Max. T 90°		
2:40	110	110	—	Boiler dead. Max. T 90°		
3:10	110	110	—	Boiler alive. Max. T 90°		
3:40	110	110	—	Boiler dead. Max. T 90°		
4:10	110	110	—	Boiler alive. Max. T 90°		
4:40	110	110	—	Boiler dead. Max. T 90°		
5:10	110	110	—	Boiler alive. Max. T 90°		
5:40	110	110	—	Boiler dead. Max. T 90°		
6:10	110	110	—	Boiler alive. Max. T 90°		
6:40	110	110	—	Boiler dead. Max. T 90°		
7:10	110	110	—	Boiler alive. Max. T 90°		
7:40	110	110	—	Boiler dead. Max. T 90°		
8:10	110	110	—	Boiler alive. Max. T 90°		
8:40	110	110	—	Boiler dead. Max. T 90°		
9:10	110	110	—	Boiler alive. Max. T 90°		
9:40	110	110	—	Boiler dead. Max. T 90°		
10:10	110	110	—	Boiler alive. Max. T 90°		
10:40	110	110	—	Boiler dead. Max. T 90°		
11:10	110	110	—	Boiler alive. Max. T 90°		
11:40	110	110	—	Boiler dead. Max. T 90°		
12:10	110	110	—	Boiler alive. Max. T 90°		
12:40	110	110	—	Boiler dead. Max. T 90°		
1:10	110	110	—	Boiler alive. Max. T 90°		
1:40	110	110	—	Boiler dead. Max. T 90°		
2:10	110	110	—	Boiler alive. Max. T 90°		
2:40	110	110	—	Boiler dead. Max. T 90°		
3:10	110	110	—	Boiler alive. Max. T 90°		
3:40	110	110	—	Boiler dead. Max. T 90°		
4:10	110	110	—	Boiler alive. Max. T 90°		
4:40	110	110	—	Boiler dead. Max. T 90°		
5:10	110	110	—	Boiler alive. Max. T 90°		
5:40	110	110	—	Boiler dead. Max. T 90°		
6:10	110	110	—	Boiler alive. Max. T 90°		
6:40	110	110	—	Boiler dead. Max. T 90°		
7:10	110	110	—	Boiler alive. Max. T 90°		
7:40	110	110	—	Boiler dead. Max. T 90°		
8:10	110	110	—	Boiler alive. Max. T 90°		
8:40	110	110	—	Boiler dead. Max. T 90°		
9:10	110	110	—	Boiler alive. Max. T 90°		
9:40	110	110	—	Boiler dead. Max. T 90°		
10:10	110	110	—	Boiler alive. Max. T 90°		
10:40	110	110	—	Boiler dead. Max. T 90°		
11:10	110	110	—	Boiler alive. Max. T 90°		
11:40	110	110	—	Boiler dead. Max. T 90°		
12:10	110	110	—	Boiler alive. Max. T 90°		
12:40	110	110	—	Boiler dead. Max. T 90°		
1:10	110	110	—	Boiler alive. Max. T 90°		
1:40	110	110	—	Boiler dead. Max. T 90°		
2:10	110	110	—	Boiler alive. Max. T 90°		
2:40	110	110	—	Boiler dead. Max. T 90°		
3:10	110	110	—	Boiler alive. Max. T 90°		
3:40	110	110	—	Boiler dead. Max. T 90°		
4:10	110	110	—	Boiler alive. Max. T 90°		
4:40	110	110	—	Boiler dead. Max. T 90°		
5:10	110	110	—	Boiler alive. Max. T 90°		
5:40	110	110	—	Boiler dead. Max. T 90°		
6:10	110	110	—	Boiler alive. Max. T 90°		
6:40	110	110	—	Boiler dead. Max. T 90°		
7:10	110	110	—	Boiler alive. Max. T 90°		
7:40	110	110	—	Boiler dead. Max. T 90°		
8:10	110	110	—	Boiler alive. Max. T 90°		
8:40	110	110	—	Boiler dead. Max. T 90°		
9:10	110	110	—	Boiler alive. Max. T 90°		
9:40	110	110	—	Boiler dead. Max. T 90°		
10:10	110	110	—	Boiler alive. Max. T 90°		
10:40	110	110	—	Boiler dead. Max. T 90°		
11:10	110	110	—	Boiler alive. Max. T 90°		
11:40	110	110	—	Boiler dead. Max. T 90°		
12:10	110	110	—	Boiler alive. Max. T 90°		
12:40	110	110	—	Boiler dead. Max. T 90°		
1:10	110	110	—	Boiler alive. Max. T 90°		
1:40	110	110	—	Boiler dead. Max. T 90°		
2:10	110	110	—	Boiler alive. Max. T 90°		
2:40	110	110	—	Boiler dead. Max. T 90°		
3:10	110	110	—	Boiler alive. Max. T 90°		
3:40	110	110	—	Boiler dead. Max. T 90°		
4:10	110	110	—	Boiler alive. Max. T 90°		
4:40	110	110	—	Boiler dead. Max. T 90°		
5:10	110	110	—	Boiler alive. Max. T 90°		
5:40	110	110	—	Boiler dead. Max. T 90°		
6:10	110	110	—	Boiler alive. Max. T 90°		
6:40	110	110	—	Boiler dead. Max. T 90°		
7:10	110	110	—	Boiler alive. Max. T 90°		
7:40	110	110	—	Boiler dead. Max. T 90°		
8:10	110	110	—	Boiler alive. Max. T 90°		
8:40	110	110	—	Boiler dead. Max. T 90°		
9:10	110	110	—	Boiler alive. Max. T 90°		
9:40	110	110	—	Boiler dead. Max. T 90°		
10:10						

1. A thick brown blanket loosely folded.—

Two fleas and a maximum thermometer placed on each a position that two layers lay above and eight below the fleas.

2. Two fleas resting directly on cotton covered wire gauze.

In this experiment the fleas were placed in glass-stoppered glass tubes. Subsequently, this method was abandoned owing to the comparatively slow absorption and equally long retention of heat by glass. In all other experiments the fleas were placed in gauze bags.

Remarks.—Fleas were observed for further twenty-four hours. No movement in A or C, but B—now alive, now dead.

Experiment III

Setup at sea.

Number of fleas used, 2 (one on a leg).

Note: organic matter put only near food tank.

Distribution, each bag containing a flea was placed on a sheet of cotton wool with a thermometer alongside.

At 12 noon			
Time	Temperature	Flea 1	Flea 2
12.4	11.2	Experiment commenced	
1.15	11.7		
1.30	11.2	Dead	Alive
1.45	11.1		Medicated

Experiment IV

Setup at sea.

Number of fleas used, ten.

Note: organic matter put only near food tank.

Distribution as before. A thick blanket was folded with two layers and then hung over a bar—the lower ends of the blanket were kept 1 metre above the ship's fittings.

Flies in gauze bags were placed on the blankets in the order shown.

1	2	3	4	5
1 and 2	1 and 2	1 and 2	1 and 2	1 and 2

A maximum thermometer was hung on the inside of the blanket with the legs 3, and a further one on the inside with flea 2.

Time	Air temp.	W _{air} temp.	W _{blanket} temp.	Phase			
				A	B	C	D
2:30	10.0	11.0	10.0	Experimental treatment 1			
2:35	10.0	10.0	10.0	Alive			
				Alive			
2:40	11.0	11.1	11.0	Alive			
				Alive			
2:45	11.0	10.0	10.0	Dead			
				Dead			
2:50	11.0	10.0	10.0		Alive		
					Alive		
2:55	11.0	11.0	11.0		Dead		
					Dead		
3:00	10.0	11.0	11.0			Dead	
						Dead	
3:05	10.0	11.0	10.0			Dead	
						Dead	
3:10	10.0	10.0	10.0			Dead	
						Dead	
3:15	10.0	11.0	10.0			Dead	
						Dead	
3:20	10.0	11.0	10.0			Dead	
						Dead	
3:25	10.0	11.0	10.0			Dead	
						Dead	

Experiment VII

Map of area

Number of flies used two

Site: bridge and over sewage works used by sewage works staff for drying clothes

Distribution: Two blankets, A and B, were killed and hung over a string. Blanket B was previously washed in water and then sun-dried on day or previous

Five flies in bags, together with a maximum thermometer, were placed in muslinnet balls of each blanket; in addition an air thermometer and a maximum thermometer were hung outside of blankets

Blankets and flies were placed on site at 2:30 p.m. and removed at 4:25 p.m.

The maximum and air thermometers hung on the outside of blankets showed a constant temperature of 110° F.

Results: At 4:25 p.m. the blankets were opened

A: All flies dead

B: All flies alive

Temperature of maximum thermometer inside blanket A, 110° F.

Temperature of maximum thermometer inside blanket B, 100° F.

As long results represented the number of experiments necessary, notwithstanding the paucity of the material available, no doubt appears to be, who will be in the following conclusions:—

(1) All materials capable of being destroyed in a day, I tested two more than twice, heated if exposed to a temperature of 110°F . for a period of three hours—such a temperature was found to be constantly present in various parts of the engine room in H.M.S. *Endeavour* while at sea.

(2) These are able to withstand a high temperature for a prolonged period of long time; see Experiment V.)

(3) The resistance is not due entirely to the action of moisture in delaying penetration of heat.

(4) If blankets and clothing are quite dry and so arranged as to give free access of air at a maximum temperature of 110°F . to every portion of the articles, articles in such articles will be killed within a period of three hours.

(5) The method of killing them has proved to be of practical value on such a ship as the *Endeavour*. It would be of interest to ascertain whether other ships provide similar facilities.

My personal thanks are due to Dr R. W. Gordon, of the Third Fleet's laboratory, who came to sea with me and who so wholeheartedly gave me the benefit of his experience.

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THE EFFECT OF ANTISEPTIC PREPARATIONS ON THE ORAL TISSUES

By NANCY A. LINDSAY, D.D.S. (D.), J. E. FINELL, D.D.S., D.V.

It would be like to bring to the notice of students of this Special particularly medical officers, a condition which has become more prevalent in the last few years than it was during the years previous to the war. It is a condition which affects the gums in the first instance, and later leads on to pyorrhea and the almost entire destruction of the attachment of the teeth and so affecting the general health. There are few men of under 40 years of age, otherwise seemingly perfectly healthy with teeth completely in an extent one would only expect to find in old age and these men are dying.

The condition, known in its early stages as pyorrhea, starts as follows. As a result of impaired salivary secretion stagnation of food deposits occurs at the margin of the gum where it forms a groove with the osseous

The deposit consists of fibrin in a large measure, which usually is light pink formed. The gums then become redened and stiff, and as much as may come from the tissues dropping the gums and a red, firm, unresilient hypertrophy it will bleed freely at the slightest touch with an instrument. Normally the gums should never bleed when touched with an instrument, but should be almost bloodless in appearance and firm. The colors of the gums in health should be a light pink, and they should be tightly attached to the necks of the teeth. In many well kept mouths the parts exposed are often quite normal in appearance, but on passing the instrument between the teeth where a brush will not penetrate, the gums are found to be highly inflamed and bleed most freely. In such cases the interdentals papillae are found to have entirely disappeared and their place taken by a mass of sanguine food deposit, covering an ulcerated gum surface. This condition is sometimes associated with a serious injury, but more often with a deposit of dark colored, hard calculus, no doubt derived from the gum. This calculus is known as coronal calculus or gum tartar. In mouths that are not so carefully looked after, but where attempts have been made, this calculus is found to surround the neck of the tooth below the gum margin like a band. It is always found when attempts are regularly made at tooth cleaning, to remove the denture, and on mouth-breathings. In the case of the latter the condition would appear to be due to the dryness of the mouth caused by mouth-breathings. In the case of the dentures it may be by a similar reason—the tongue pressed on the teeth acts as an aspirator and so creates a condition of dryness which favors stagnation.

Once the deposit of coronal calculus has obtained a hold, its further increase is more rapid and destructive of the structure of the tooth. The crown is constantly there, as the depth of the groove or pocket attains a state of stagnation and uncleanliness that often on its inner surface. The infection passes along the periodontal membrane and ultimately destroys it. At the same time pus is continuously passing into the mouth, where it is absorbed into the system by swallowing, and some may be absorbed into the system through the capillaries in the periodontal membrane and gums. This point may be of interest to medical observers.

The condition of inflammation of the gum margin around and between the teeth, ending in necrosis, can be easily overlooked, and an important case, such as diagnosing the cause of chronic general symptoms, may be missed. It is very common, but, being usually quite painless, is not always noticed, although the amount of septic absorption may at the same time be very considerable. The presence of coronal calculus under the gum can only be detected by passing a fine tactile probe under the gum margin and feeling of materials, not a painful process as might be supposed. The method of testing for the presence of pockets by separating the gum with the finger and drawing from the root towards the crown often demonstrates the presence of pus, but is not always reliable. Its presence may be

As has already been stated, the number of eggs which the *Ephestia* females are capable of laying is limited by the paucity of the antennal sensilla, and it would appear to be advisable to draw the following conclusions:—

(1) *M.* and *E.* are capable of being destroyed on a dry, shaded surface, then (more likely) if exposed to a temperature of 110° F. for a period of three hours—such a temperature was found to be constantly present in various parts of the engine room on H.M.S. *Endurance* while at sea.

(2) *E.* was not able to withstand a high temperature for a prolonged period of kept moist (see Experiment V).

(3) This resistance is not due entirely to the action of moisture in delaying penetration of heat.

(4) If blankets and clothing are quite dry and are wrapped so as to give themselves off as at a maximum temperature of 110° F. in every portion of the vessel, rodents on such articles will be killed within a period of three hours.

(5) The method of killing flies has proved to be of practical value in such a ship as the *Endurance*. It would be of interest to ascertain whether other ships provide similar facilities.

My personal thanks are due to Dr. E. W. Gordon, of the Alfred Jones Laboratories, who came to sea with me, and who on a whole heartedly gave me the benefit of his experience.

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THE EFFECT OF ANTISEPTIC PREPARATIONS ON THE ORAL TISSUES

By MARION LESTERLYN COLEMAN (D) J. H. PALMER, D.D.S.

IT WOULD SEEM TO BE TRUE to the nature of medicine that dental practice is entirely medical science, a condition which has become more prevalent in the last few years than it was during the years previous to the war. It is a condition which affects the gums in the first instance, and later leads to pyorrhea and the almost entire destruction of the attachment of the teeth and so affecting the general health. Thus we find more of under 40 years of age, otherwise seemingly perfectly healthy with teeth damaged to the extent one would only expect to find in old age, and these mouths septic.

The condition, known in its early stages as pyorrhea, starts as follows: As a result of impaired salivary secretion stagnation of food deposits occurs at the margin of the gum where it forms a groove with the mucous

The deposit naturally settles in a large measure in the crevices of dentition formed. The gums then become red, cool and recede, and so that in an upright position the tissues supporting the grooves and a red, fleshy membrane by pressure it will bleed freely at the slightest touch with an instrument. Normally the gums should never bleed when touched with an instrument, but should be almost bloodless in appearance and hard. The colour of the gums in health should be a light pink, and they should be tightly attached to the neck of the teeth. In many well-lit mouths the parts exposed are often quite normal in appearance, but on passing the instrument between the teeth where a brush will not penetrate, the gums are found to be highly inflamed and bleed more freely. In some cases the interdentary papillae are found to have entirely disappeared and their place taken by a mass of stagnant food deposit, creating an abscessed gum socket. This condition is sometimes associated with a serious cancer, but more often with a deposit of dark coloured, hard calculus, no doubt derived from the gum. This calculus is known as marginal calculus or pus furter. In mouths that are not so carefully looked after, but where extractions have been made, this calculus is found to surround the whole of the neck of the tooth below the gum margin like a band. It is always found when extractions are regularly made in tooth drawing, in stomaeh tea drinkers and in mouth-breathers. In the case of the lower the condition would appear to be due to the pressure of the mouth contents on mouth-breathers. In the case of the dentures it may be for a variety of reasons—the patient ground the denture sets or an extrusion, and so creates a condition of dryness which becomes stagnation.

Once the deposit of marginal calculus has obtained a hold, its further increase is most rapid and destructive of the attachment of the teeth. Its source is constantly there, as the depth of the groove or pocket stimulates a state of stagnation and infectious absorption on its inner surface. The substance passes along the periodontal membrane and ultimately discharges it. At the same time pus is continuously passing into the mouth, whence it is absorbed into the system by swallowing, and some may be absorbed into the system through the capillaries in the periodontal membrane and gums. This point may be of interest to medical observers.

The condition of inflammation of the gum crevices around and between the teeth, ending in pyorrhea, can be easily avoided, and an important mass, useful in diagnosing the cause of chronic general symptoms, may be gained. It is very common, but, being usually quite painless, is not always noticed, although the amount of sapid absorption may at the same time be very considerable. The process of marginal calculus under the gum can only be detected by passing a fine hooked probe under the gum margin and tracing its outline, not a pointed probe as might be supposed. The method of testing for the presence of pockets by squeezing the gum with the finger and detection from the root towards the crown often demonstrates the presence of pus, but is not always reliable. Its presence may be

suspected of the breath or in all soil, and it is often associated, even in young subjects, with the decay, of the superficial temporal arteries.

Since the prevalence of this condition coincides with the increased use by all classes of men since the late sixties, of dentures containing what purvised autopsies in their study, and in many cases twice as often daily brushing, it appears evident that the use of the ordinary autopsies such as carbolic acid and thymol and thymol such as peppermint is the cause. It has been found in other branches of surgery that these autopsies, which are also autopsies tend to dry up the mucous membrane. This is bound to affect the organs normally protected by these autopsies. In the case of the mouth, where is the natural protection for the teeth and gums is, therefore, if the secretion of saliva is reduced, these organs or tissues are likely to become diseased, ultimately. The gums may also become affected, directly by the excessive action of gas action. An undiluted flow of saliva, combined with lowered resistance to the high antiseptics, seems to be sufficient to bring about some disease of teeth or gums.

In the case of the teeth themselves some may occur. The saliva becomes less active in cleansing or protecting the enamel and stagnation therefore follows. Deposition of fermentable food deposits between the teeth always occurs, more or less. No amount of brushing can remove these deposits from the points of contact of adjoining teeth. A good flow of the right kind of saliva, combined with the muscular action of the tongue and thorough mastication, are much more effective in keeping the teeth clean than mere tooth brushing. There is not the worst condition one meets with, however. Gums only affect individual teeth. The condition of the gums mentioned above affects the attachment of all the teeth and if allowed to progress will ultimately result in loss of all of them by loosening. Moreover, the effect on the general health from septa, absorption while the process is going on must be considerable.

Treatment of this condition, other than by extraction, or a long and tedious process, but it should nevertheless be the first thing to attend to when taking on a new case. In addition to the effect of this condition on the patient's general health, it is unpleasant and unhealthy for the operator working on such mouths. Filings, *etc.*, should therefore be postponed until some improvement is effected. Each tooth has to be thoroughly washed by passing the finest water under the gum and covering the eruption with a packing movement. Complete removal cannot always be effected on one visit as the homeopathy cleanses the field of operation. Having done partially removed the deposit, the patient is given a further appointment with instructions to avoid the use of autopsies preparations in cleaning the teeth. He is advised to use a non-astringent and non-abrasive powder with a slight flavoring to make it tolerable to use. A suitable powder containing of precipitated chalk, borax and methyl salicylate has been found most useful and harmless. The condition after two or three visits is generally most satisfactory. The gums assume their

it still appears as continued but does not fill it. The result, however, is the loss of a small but very evident, white, line, just beneath and the further loss of most of the red line, which now appears very much elongated.

One sees this condition as far as color of the right and left ventrals even daily from springs and bleeding when washed down, removed calcules always associated with pointed leading lips. On being questioned, the patient always claims having all such microscopic preparations.

Normal calcules should not be confused with calcules of this kind, which is almost a normal deposit and not usually harmful in itself. It is lighter in color and more easily removed and is not usually associated with calcified parts or portions of teeth. From observation it appears that usually that are never used for and the teeth never banded with better conditions than those in which excessive brushing with microscopic preparations is indulged in. The teeth may be loose and stained but the gums are not so often normal.

It occasionally happens that a patient will be unable to obtain a supply of powder, or does not wish to change his dentures. Some have resorted to use their original dentures alternately with the powder. In all such cases the gums remain inflamed even after careful washing and a thick deposit of normal calcules soon appears.

From the above observations it seems a pity that reputable firms supplying tooth pastes do not advise their purchasers and use some detergent and descaling agent that will not inhibit the flow of saliva. Their suggestions for carrying and use being put upon colloid-like substances hardly be mentioned. We all know the value of first and last meals as salivary stimulants, and yet nearly all dentists have the opposite effect.

COMMON MISTAKES MET WITH IN THE TEACHING OF PHYSICAL TRAINING

By JOSEPH CARPENTIER, D. B. HILL, MD. NEW YORK

I.—HEALTHFUL EXERCISE

Now that forms of exercise and physical training are applied and used in colleges, schools, etc., the following remarks as regards breathing exercises might be of interest, especially as medical officers are entering more and more into matters of education and school life.

A clear distinction should be made between a pure breathing exercise and an exercise designed to increase the motion of the chest. A pure breathing exercise should of course be done without any movement of the arms or other part of the body. Deep breathing should be done with the arms hanging loosely by the side and the muscles of the body relaxed so often that the diaphragm may descend to its utmost and that the capacity

of the thorax may be increased to its fullest extent simultaneously by the other muscular movement. The severe restriction to breathing which occurs, plus, when the arms are moved and bent pulled back can be started by anyone of the following procedure is carried out. When listening on the subject of breathing exercises, get an instructor to stand get him to go on old breathing exercises and watch the muscles.

The points to watch for are —

(1) The very small movement of the thorax which takes place even, as long as the while the muscles attached to it work the arms. As

(2) Which other muscle groups contract the moment the arms are raised. The abdominal muscles will contract quite strongly as as to pull up and steady the thorax while the arms are being raised up a.

(3) Watch the muscles in front of the thigh contract in order to steady the pelvis on the legs, so that the abdominal muscles which are attached to the pelvis can pull on the thorax and keep it from being raised. The muscles of the leg contract also in order that the upper and thorax may be supported on the pelvis so that they shall not be swung out of place or in other words they contract to keep the body balanced.

(4) But it must be that the arms weigh about 14 lb each and the leverage necessary to move these weights necessitates that the muscles serving them must have a fixed point from which to work. That is why the thorax is fixed and steadied by the abdominal muscles, but, and other groups also contract to keep the body balanced while the first is being performed.

The instructor was quite ignorant of what he was going to be asked to do. He was requested to do an old breathing exercise with arms moving sideways. The points mentioned above as regards the contraction of muscles and fixation of the thorax were very clearly seen by all and constructed everyone present. On the movement of the arms the muscles in front of the thighs contracted to fix the pelvis and balance the body. The pelvis was fixed so that the abdominal muscles might pull on the thorax and steady it while the heavy arms were being moved and raised. This fixed the chest and prevented the diaphragm from descending and the ribs from rising thereby restricting the respiratory considerably. The rigidity of the abdomen was very rigid and this rigidity prevents the relaxation from being pulled forward and downward to make room for the descending diaphragm.

A measurement of the intake and output of air by any form of apparatus shows that the total air is diminished by not less than 20 per cent when a so-called breathing exercise is done accompanied by arm movements.

The instructor was then asked to breathe naturally with his arms by his side and standing still. The movement of the abdomen and the rigidity of the thorax were increased enormously and on being questioned as to which felt the more uncomfortable the instructor said that now he had

from direct measurement, that the effect be as definitely negative as can be found by direct observation of a so-called heart frequency.

Principle (iii). The head should not be fixed.

The teaching of breathing exercises in this form seems to be, at best, one fundamental elementary and well-established principle, at places (up to) mainly the reciprocal action of body and lungs. These elementary features of physical training, when accepted, should be followed in the first place to a standard book (or phraseology). The error is that, when one group of muscles contracts (say a chest muscle), the independent group (extensor group) will relax and, through antagonistic action, if external resistance of a limb are in action, external resistance is that limb relax and atrophy so that the movement shall not be kept up.

In these breathing exercises it has been taught that when the man is held horizontally with arms from the side, the palms turned upwards, the abdomen and external resistance of the arms, that the arms are used to be the tension now supposed to be exerting on the abdomen and external resistance of the arms. Nothing of the sort can happen. The abdomen and external resistance are relaxed and relaxed.

Another principle is ignored in this teaching, namely, that if a man has any respiratory distress the thing he needs is causing his own lungs to move, the movement increases his difficulty in breathing. The accepted and very reasonable position of the chest is not to be relaxed, and to draw attention to this fact the paper makes a shocking case in its attempt to breathe, in and out, and he is told that he is now "blowing out all the CO₂". Such teaching ignores the present day accepted facts of the intake change of oxygen and carbon dioxide in the lungs. Increased power of contraction of L.G. cannot be brought about by then restricting the normal movement of the chest in breathing. The interchange of the gases O and CO₂ takes place by respiratory work, and not by artificial methods.

The confusion of a pure breathing exercise (where no added muscular movement should take place) with movements designed to exercise and develop the muscles of the chest, and worse the pure exercise here especially in children and girls and boys at colleges and schools. A pure breathing exercise is natural deep breathing and should be done in the open air. An exercise devised to develop the muscles of the chest is quite a different treatment, and the two cannot be confused without harm. In this line of exercise the natural breathing should be left to Nature.

It has been said that the old form of breathing exercises have a relaxing effect, namely relaxes the pulse rate. Any breathing exercise exercises the pulse rate and if combined with muscular movements and some prevents the only return of the heart beat to normal.

In boys and girls it is of the utmost importance, that they should breathe well and naturally (we are relaxing the feet and arms), and the greatest care should be taken that normal breathing should not be interfered

Any muscular exertion, either vigorous or other group-exercises, increases the pulse rate, and those who exercise prevent the pulse rate from returning to normal thereby overtaxing the heart.

A leg exercise in two-legged or in a group of six or ten, say, at the same moment of a foot race, leads to a serious condition of the heart to be avoided from the fact that a large-flow circulation of the leg muscles have the following beneficial results:-

(1) The veins produce a propulsive out of the muscles. One may say up or forget that from the lower extremities of feet on the standing position is done a leg exercise. For instance, to get to a gymnasium, one walks or he walks to work on a leg exercise, etc. Then there is a certain amount of standing about before the gymnasium begins. The blood is rich in the legs are greatly influenced by the force of gravity, and during the interval of standing about the legs tend to become more clogged with blood than when muscle groups. In this case a few muscular contractions would squeeze the blood out of the veins and muscles and put rid of any accumulated waste products with obvious benefit.

(2) A few useful contractions of the legs or other muscle groups are Nature's way of preparing the muscles for effort. A man waiting to line up for 100 yd. sprint races, his legs constantly, there is the wobble before, the gill among there is the spacing before the blow, etc. These movements increase the tension of the muscles concerned, render them more alert and warm them, rendering them free from injury.

Exercises do not allow competition under their size to go out on to a cold field and make maximum contraction of a muscular group without preliminary exercise, which acts to drive. Cold muscles subjected to a sudden too little resistance suffer from rupture of fibres or tendons, etc. To direct the leg exercise at the beginning of a group of exercises is done for the same reason as any other preliminary or preliminary exercise.

The leg exercise at the end of heavy exercise, when the temperature and the pulse are rapid, should be omitted. A maximum exercise of any sort by, or otherwise performed when the heart is rapid, only tends to prolong the state of rapidity and prevents the heart's return to normal, and if the rate of the heart beat is increased the heart's work is also increased.

After heavy exercise the legs are congested with blood. If a man is exhausted or on the verge of collapse after a race, the heart is weakening. If now a leg exercise is imposed on the athlete and the heart has to continue its work collapse is more likely to result. A man in this condition should be placed on his back and his legs raised a few inches, and the muscles lightly massaged. Factors movement and massage put no strain on the heart and the prone position where the heart and blood pressure from its slight against gravity. In testing the heart of a trained man great importance is attached to the rapidity of the restoration of the heart beat on exercise, and the rapidity of its return to normal after the exertion is over and anything imposed on a heart to interfere with this natural return to normal is not good practice.

It is difficult to understand on what grounds anyone could so misread a legitimate criticism. After writing that our criticism did not do long distance, Friedman also wrote that "the government is not able to do it." I thought we had been plain in our past criticism of the long distance program and had been thorough enough in our criticism. If not, we already said so and we said so then and so, the least to be done is to acknowledge openly it happened to have an effect and the long distance program did more than I thought. The more important question of the long distance program is the harm and the financial consequences of the program. This is also a factor in the problem of villages. With the long distance program, it is extremely difficult to understand how the absence of a distance tax system can possibly get any more good than there is in a full sales tax system. And even if the long mail is actually expanded and further so as to take more time it is still more difficult to imagine any possible benefit that could arise when it expands like this in the long.

The difficulty is to get the third evenly divided figure. Any random movement which takes place now can only edge out the combined and leave the bank movement as a better than even bet.

The unknowns in (1) are very common in the same sense as the unknowns in (2) through (4) in that the unknowns in (1) are very common in the same sense as the unknowns in (2) through (4).

I cannot imagine any physician getting a credit given with a pulse, good heart and working legs out of bed to do a leg exercise to relieve his back.¹²

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IN THE NOVEL OF GILLES KLIFFORD

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

One of the first English books to which mention is made of the village of Chingy, and hence of the presence of water in the ground, is a book entitled, *The Observations of Sir Richard Hakluyt, Bart. upon Virginia, upon the South Sea*, &c. 1594.

Sam Nathaniel Hawthorne was the son of the famous, 48-year-old, New Englander, and though his voyage to the South Seas was in 1827, he did not publish his book until 1829. In the narrative, John T. Wilson, narrator, mentioned the great value of beaver and muskrat in 1827.

The *Sagehen* is a novel published in 1917.
The *Harvard Magazine* devoted one chapter of its book, *Western N.Y.*
p. 10 to Henry and his Transients. He describes Henry as well as could
be expected from a layman in the town of Dover (Dorchester) and on page
a number of names. He writes some historical notes which are interesting.
- See it in the library of the city and the society of members. It is a novel.

[illegible]

It is another chapter in the history of American shipping. There was great joy, excitement, and many tears at the sight of the masts and funnels coming in from across the water. It is a wonderful sight of the power and strength of our fleet that has built this great nation and will give us the lead in the world in the future. It is a sight that will be remembered for many years to come. It is a sight that will be remembered for many years to come. It is a sight that will be remembered for many years to come.

These books by two English historians and John Wodall are two of the best of what the last time in English literature which concerned itself with human and events in the movement of history.

In connection with the above subject a correspondent has supplied us with a copy of a book¹ containing an interesting account of another early illustration of a new public instrument.

David McElrath was born in Hollymooty, County Down, on April 26, 1726. After serving an apprenticeship to a carpenter in that place he entered the Royal Navy. He reached his command while at sea in a frigate ship, was advanced to the rank of surgeon, and remained on the "Hibernia" until the death of Sir J. C. Chapelle, in 1748.

The novel service afforded me many opportunities of observing you, in all its stages, and as the result of his investigations, and every subsequent experiment he published in 1764, his Experimental Magazine, out of which was extracted - On the Scurvy, with a Proposal for trying new Methods to prevent or cure the same of you. These essays attracted considerable attention being translated into several languages, and in November 1764 the University of Glasgow conferred the degree of Doctor of Laws, on the authors as a mark of their appreciation of his merit.

In the book referred to, extracts from the "Kung fu" theory are given to explain the book's theory and its proposed mode of treatment. The extracts are now quoted in full with the explanations.

Medical History of the World Hospital and Public Health. 1900. 100 pp. 10s. 6d. H. K. Lewis, Ltd. 10, Bedford Square, London, W.C.1. Printed in London.

under their own and themselves the same person. We think they speak extremely demagogically, however—they probably think so comparatively early.

Next we reach from sea a small Danish Shetland town with a small harbor. We leave the place only two miles as we walked along the English speaking ship was bound on our harbor and once I told the pilot to go and spend a few hours comparing their English and demagogical with ours. Our first talk was attended that I, as English, should be, in fact, should speak English with such comparative ease. The next one to appear was coming and a great crowd had been prepared for me. A bottle of whisky had been procured—and good stuff they said. The next day, upon arrival, through the harbor and the fact that the bottle was filled. "Old ballast," they have a small scene first in our hands.

Leaving Skagen we are across Helsingør and a few hours, arriving, it says so to the capital, Copenhagen. The approach is very fine. First we sail on the right bank, through the Royal Palace, while descending the left bank is the beautiful Parliament building. The Danes have always considered their dance, sports and manners after the English and certainly have some of the most charming people. They are highly cultured and their main aim against the neighbors, which is their lack of culture. Copenhagen doesn't exist as Helsingør. If you are asked to attend a tea, we are expected to leave about seven pm. It is a bit unfortunate to find before tea is eleven pm. Dinner and parties last till late and late late. I did a tour of the local shops and was very much impressed. Everything is most up to date, and every where I had a little over whelming reception.

A day's morning and we are in Jago-Skoven. Our first part of the day is very bad—a longish town the centre of a big town country. I was surprised to find here one of the most up-to-date hospitals on the coast. Six officers of the famous Navy interfered us to dinner. They were much of enthusiasm about officers and really good fellows. What a matter there has been to the naval and military officers of the old dead monarchy? One meets them in every country fighting under every flag.

Then on to Holsten—our only stop. It was very badly treated about during the war, and the type of architecture being put up as anything but pleasing to the eye. I paid an official visit to the large Military Hospital and was very well received by the General in command. I saw my captain on going through the wards to meet a British officer. With three officers who had been nursing in Berlin during the war and had returned on to leave the young men. The others had gone and the war was over to leave—but the signs of their hospital were everywhere.

Below Holsten is the really beautiful part of the Danish. The scenery as we rise through the stages of the lower Gneiss, most rock, partly high among the highest north coast in the world. In part the banks, some about, above the river to a height of 1500 feet. Some

and a small town, 100 paces or so from the beach, being all that is left of the city. Along the top of the right-hand bay, as we found it, (the bay, coast—both by the prevailing Roman language in 1823, 24, 25—was known as the island, *Isola Rialla*, with a population of 2000 people, 1830), a shoulder of the bay, where the Venetian rule occurred, this part of Venetian. This was the island was (Venetian)—at a distance to the right, towards the right of the shoulder 1830 is to be added to the Venetian town, situated near the river. After long after the Venetian town, and of a, however, the Venetian town, the Venetian town of Venice became. On the left of the river, there are one—will see it, the tower of the bridge which was, some, Emperor Trajan built a new bridge in his way into Rome.

On the right bank, we saw pick up the Venetian frontier, our first point of view, the important river part of Venice. Fully a quarter of the population of Venice, and the whole atmosphere of the town is different to any other on the river. The people will discuss the history of the Venetian in general, which were collected here after the Austrians—their life and language were things of art and mystery. There are two excellent hospitals, one military, the other civilian. When I visited them I had a remarkable feeling, being received by the Prefect of the town and the command of the city and collected round us as a triumphal procession. The Venetian, in the Roman town, in the town of Venice, where—when it is a place in my memory is that a person's first first hospital I have ever seen in Venice.

Now, we see the middle of some great measures, which come over 100 miles up river to the Roman town of Venice. From here to Venice exported the great city. It is a pleasant well-laid out town of some 100,000 inhabitants. I found a really well-equipped hospital there, which astonished me until I learned the reason. The last time occupied by the Germans in their conquest of Rome was Venice, when they were leaving they took the trouble to burn amongst other things the hospital. Our job they would have done a great service to humanity but they burned every other Roman hospital.

An hour or two below Venice is the large port of Genua with its enormous population of over 200,000. From here grain and wool mainly are shipped. There is a fairly large French community, connected mainly with the shipping world and we had several glasses of excellent brandy there.

A day's run and we are at Genoa at the mouth of the river. A small town lying in the middle of 1,000 square miles of marsh land. Excellent shooting is rather scarce by the way of occupation—nature is evident in these parts and nothing seems to be done to disturb it. The European Commission of the Danube has no headquarters here and they keep up two excellent little hospitals. We have travelled over 1,000 miles going down to the sea from Vienna, and as we return back into the river the landing for the Bosphorus and thence to Malta, we carry away the memories of a unique and highly educational cruise.

Naval Medical History of the War.

HISTORY OF THE MEDICAL UNIT OF THE ROYAL NAVY DETACHMENT FROM ITS INCEPTION TO THE PRESENT OF GALLIPOLI.

By ROBERT JOHN WATSON, MEDICAL OFFICER, R. N. F. S. "HMS. GALLIPOLI."

WITH 15 ILLUSTRATIONS BY THE AUTHOR.

(London, 1915.)

The next work of the A.D.W. is about the following list of constructional work still required for medical administration. —

RECOMMENDATIONS.

Constructional Work still required for Medical Administration of the Group.

- (1) Accommodation for three sanitary officers and Captain Commandant.
- (2) Accommodation for the three F.M.D.s of hospitals with offices for the same.
- (3) Accommodation for the three hospital ambulances cars.
- (4) One medical hut for each battalion.
- (5) Accommodation for the two medical officers and two John Ambulance men in each battalion.
- (6) A large medical store, near the Dressing Hospital.
- (7) The Dressing Hospital.
- (8) The F.M.D. quarters.
- (9) Huts for about 500 St. John Ambulance men employed on the three field ambulances and in the dressing hospital.
- (10) Large vehicle sheds for about eighty motor vehicles of the three field ambulances.
- (11) Certain sanitary improvements in the existing plant, viz. —
 - (a) The gutter pipes in all washrooms should have side drain pipes as shown sketched in the accompanying diagram. —



- (b) The metal drains should have a wire gauge screened down and wood gauge covers on windows.
- (c) A stone landing should be erected under an adjacent landing and be lined with by

(a) First-aid kit should be fitted with some form of ventilation mechanism (the usual e.g., Dimple).

(b) Signage should be given the wash-basins and the wash-baths, so that they are marked so that they are not used there.

(c) The wash-baths should have a small covered sanitary disposal outside the door.

(d) Each ward of each bath hospital, i.e., should be provided with a small bath and a small shower bath.

(e) A portable (Leyden gas) apparatus and a supply of paint should be provided for destruction of noxious gases.

(f) A large Wardroom (first-class) should be created near the main hospital.

NOTE—Dimensions and further details of all the above are being prepared and can be supplied when the general plan has been approved.

A.D.

For the G.O.C. in C.
R.N. Services

First Surgeon R.N.
A.D.M.S. R.N. Services

This field has represented a large amount of enquiry and thought. Some of the work had to be discarded but the delay in completing the survey could be well further increased. A survey hospital however was made possible, the reports by an Adjutant Inspecting Officer concerning the use of Hospital Wards for the purpose having been completed above.

A plan of the survey hospital is herewith. First-Surgeon Stanley headed over his duties in the Plymouth Battalion in Plymouth, and on January 12, 1914, proceeded to H.M.S. to take charge of the hospital, to make them for the personnel.

Obtaining the established material of the Medical War engaged the attention of the A.D.M.S. from the beginning and proceeded with great work with the training of the personnel. In fact the training of the personnel necessitated the use of samples of every kind of state which the war could have to handle in the field. In the early days of the investigation a regular committee stated that the War Office would find the means for the Royal Naval Hospital. Not until December 5 was the requirement decided. On that day the A.D.M.S. received the following message from the Medical Department of the War Office:—

"With reference to your enquiry I would state that we are unable to provide the Royal Naval Hospital for the Royal Naval Services. Consequently we must in any case in delay of the equipment ordered, and we have not yet received to meet all our requirements."

On December 12 the Assistant Director of Medical Services obtained from us to purchase the stores of the medical war. A special officer of the Royal Naval Commission, Mr. Russell, a man of great energy and ability, was being decided to attend solely to the equipment of the Royal Naval

Division received from all concerned help and advice about all the stores required. The American District of Montreal arranged to send the latest Army Medical Supply Notes at Westmeath and learnt every detail of the equipment subsequently acquiring his knowledge by test of the equipment. Mr. Wainwright and Mr. Green. These two officers stood out. Mr. Russell stayed daily after them. It should be recorded that to Mr. Russell the whole Division was greatly indebted for the excellent equipment constantly obtained. Even in 1915 when the Division embarked at Arrasmouth on March 3, 1915, only a portion of the medical stores had arrived, but they all followed eventually, so that by the time the landing in Belgium took place the Division had sufficient stores not only to equip themselves, but to render help to all other Divisions and improved hospital ships. On referring to the requisition table it will be seen that these stores amounted to a very large and costly one total. It is unnecessary to describe them in a full description of all their requisition stores can be found in the books already referred to, more especially the "Regulations for the Army Medical Service."

To emphasize the large task set to the various persons concerned it may be well to enumerate the names and numbers of these stores in the following list extracted from the table:—

1 boxes of 5 tons	41 reserve field medical personnel
2 motor bicycles	(person)
3 motor cars	42 field surgical personnel (person)
4 motor ambulance wagons	43 field transport horses
5 horse ambulance wagons	44 reserve dressing boxes
6 medical store wagons	5 portable operation tables
7 baggage wagons	100 sets of a Division's supplies
8 10-ton wagon supply train	45 ambulance stretchers
9 ambulance	100 blankets
10 medical store carts	1000 ground sheets
11 carts for medical for repair	46 flasks
12 carts for	11 operating tables
13 empty carts	12 each personnel A, B, C, D, E
14 building carts	F, G, H
15 medical consumables and water	13 medical non-combat personnel
bottles	14 tent and hammocks
16 surgical hammocks and water	15 sets of boxes for tent and transport
bottles	16 medical officers hammocks
17 surgical saddle bags (person) and	17 sets of boxes for medical officers
water bottles	hammocks
44 sets of medical personnel (person)	

For constructing the medical personnel the stores were repacked out of the bag but were the water and the various personnel the medical non-personnel and the surgical hammocks.

Although it has been proved that the regulation of the Medical Commission is a complex business, and that it is not possible to make any changes in the Navy, there did not appear to be a serious way in which could be made. The Commission should not be made. The Commission should not be made, unless there is something to be done. It has not any way to be possible then, even though the needs of many great military and naval hospitals. The Assistant Director of Medical Services decided to make the practice which the Commission had found to be effective in the Royal Navy. This was, a list of the points of the Commission, and to these points, the Commission. The Commission, containing the points, were obtained and put into the Commission, with a large supply of first aid dressings and first aid dressings. The Commission had to be divided into every wound and on the surrounding skin, and in order that it should be used at the earliest moment the first aid dressings were to be distributed widely in the Army line, as first aid dressings, was to be placed in every wound and on the surrounding skin. The Commission, containing the points, were obtained and put into the Commission, with a large supply of first aid dressings and first aid dressings. The Commission had to be divided into every wound and on the surrounding skin, and in order that it should be used at the earliest moment the first aid dressings were to be distributed widely in the Army line, as first aid dressings, was to be placed in every wound and on the surrounding skin. The Commission, containing the points, were obtained and put into the Commission, with a large supply of first aid dressings and first aid dressings. The Commission had to be divided into every wound and on the surrounding skin, and in order that it should be used at the earliest moment the first aid dressings were to be distributed widely in the Army line, as first aid dressings, was to be placed in every wound and on the surrounding skin.

COMMISSION OF THE MEDICAL STAFF

Items

Notes

- | | |
|------------------------------|--|
| (1) One medical staff dress. | For spreading on the ground when one is in the line. |
| (2) One medical staff bag. | Each bag to be in the line. |
| (3) One medical staff bag. | Each bag to be in the line. |
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It has been for the Medical Staff, after various experiments, proposed a list of the points to be carried in the line, and the points to be carried in the line. The Medical Director General of the Navy gave orders that the Royal Naval Medical Staff was to give the points a trial. The

[illegible]

These water about 11 ft in a pipe, not given here as the tubes of pipes formed one of the contents of these, these officers however. These lines took and the line and material with these respective could have, and entered the two medical officers in which the command Division of Medical Services formed an supplementary to the official establishment of the United Unit of the Royal Naval Division. The medical officer however, contained supplies, weapons, weapons, weapons, weapons and weapons, weapons, weapons which could be used only in the medical officer. A good must be added concerning the weapons. As each medical officer had had to supply himself with the official position of the medical officer, and as the hospital system in these cases in only of the medical officer, appeared desirable to provide a surplus of about only with along to maintain one group of medical, as the medical. The only well suitable enough for the in the hospital. Short wide medical part of the medical with a channel on glass stoppers were fitted into a special used with pocket of the hospital.

It may be safely said that these two hormones proved really useful additions to the established medical stores and in spite of proof of their use were found by medical officers of many on other boats.

The evidence is there, if it can be recalled, was the enormous amount of pain and labor their perpetration received. It would assure anyone, making of such a simple affair now, unknown when a man accused of homicide such petty details caused. Even the bleeding of the haremache led to much inconvenience. Still the final results were infinite.

Other additional stores not shown on the organization table were the Naval Information Directorate and the electronic sciences center. They were in full force and is described in the above book. They led in the Naval Navy. It proved inevitable in keeping severely wounded men during the attack on Amoy. The latter organization directed by one of the Royal Naval Division captains, the Rev -- there have suggestions supplied to him by the Assistant Director of Medical Services, referred very greatly the arduous work of the hospital in carrying loaded stretchers down the bay, many men were sent to the beach.

200 *Memories of the Medical Service of the Royal Naval Division*

Field Hospital 207 from 1913 to 1918, and I was the principal staff officer, obtaining of the medical authorities a dispensation which permitted me to compose the chief work of the period of my operations.

During the period of organization many rumors circulated as to the composition of the Division. In November, 1914, the first definite orders arrived. The Division had to prepare plans for taking over a sector of coastline in France, Norway, and land in the event of a German invasion.

The Assistant Director of Medical Services paid several visits to the staff and made complete arrangements during the necessary secret work. As events turned out, however, the Division was never called upon to carry out duty.

Early in February 1918, came the next interruption to the organization and training. An advance party consisting of the Chatham and Plymouth Divisions of Royal Marines had to leave places for landing on both sides of the entrance to the Dardanelles.

The following are the medical preparations which were carried out for shipping the Royal Marine Expeditionary Force of 2,000 men:—

Personnel:—

Staff Surgeon A. Fleming, R.N. S.M.O. attached to the staff of Transport General Services, R.N.L.I.

Temporary Surgeon Colthrop, R.N. in charge of 40 men from the Staff Institutions of the Royal Naval Division.

Temporary Surgeon Oswald Ford, R.N., Medical Officer of the Chatham Division.

Temporary Surgeon Melhu, R.N. Medical Officer of the Plymouth Division.

Temporary Surgeon Knowles, R.N. Additional Medical Officer of the Plymouth Battalion and Sanitary expert.

Temporary Surgeon Shaw, R.N., Additional Medical Officer of the Chatham Division.

Three visiting ratings of the new Medical Unit officers were taken from the Royal Anti-Aircraft Association Working Certificate and will acquire further instruction during the passage out with each institution.

General Equipment:

One transport truck.

One transport truck.

One transport truck.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Three transport trucks.

Under Surgeon Colthrop drawn from the Field Institutions of the new Medical Post of the Royal Naval Division.

Material:—

3 transport trucks.

3 transport trucks.

3 transport trucks.

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3 transport trucks.

3 transport trucks.

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2 medium transport trucks.

1 small transport truck.

2 small transport trucks.

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- [illegible]

Staff weapons flowing received instructions to keep his left hand back (M 11) constantly by him and to have it pushed up, broken into just scumms, using the opposite end of the book as a dirty weapon, for possible movements, to

The Assistant Director of Medical Services also gave him a 100% estimate of how to use the personnel and states that with time and help from him as far as was known the explosion would be in the nature of a "hard" Landing Party and would probably be discussed accordingly.

Under such conditions, the future price of oil is highly uncertain. It would have to depend as much as possible on today's—this year's—state of affairs and the December 1973 price, the more the better.

It will be seen that none of the established stores of the medieval age were long out with the advance here. This time landed on either side of the entrance of the Moskova on March 2 1811; and the following are the reports received from Lord Alexander Bismarck:—

Michael Hunter on December 10, 1991. Hunter was born June 10, 1964, in Boston, Massachusetts. Hunter earned a B.S. from MIT in 1986 and a Ph.D. from MIT in 1991.

THE UNIVERSITY OF CHICAGO

Abstract

UNITED STATES DEPARTMENT OF AGRICULTURE

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I was informed by Brigadier General Tinkens, RMC, that as March 1945 development of one company unit, would be limited at Sleds Point and East Side. The Japanese Station on Mount H.T. Browne Peak would supply the two companies. The object was to cover Japanese routes from

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1. *Explain the importance of the following factors in the development of a country's economy:*

[illegible][illegible]

With a lot of fishing—Each company with marked men were brought down to the lake. By destroying the structure of the headwaters and their use in thinking, men, in the hunting phase of head lake and lower lake. Each company, by now, is expected to stop and their use from the river on their way to the lake—other

Source: U.S. Coast Guard, a summary of findings at the Kalamazoo southern

331. (2) The northern pair with molting and banded at Minkell Lake. On subsequent pair (3) the last already caught at by the survey and were unable to make any other way to the lake which were intended to be diminished.

[illegible]

The dominant party had three killed and one wounded. The three killed had bullet wounds through the chest; the one wounded had three wounds through the left thigh, one of which, a bullet, also penetrated some bone (femur) just out of the joint of the left extended leg. Pieces of bone were taken out from the wounds and were examined and found to have been man-made.

The conference was held on 9 a.m. and ended at 4:00 p.m. in steps. There is a delay in a bus, covered from 10 M. Transport's Manager, Chao.

The boats were going back to the dock when they were blocked by the enemy list. A further examination revealed:

The lower interviews with the various party although it was clear had experience of being under fire, believed very well and positioned their defence suitably.

1990, 1991). *Callinectes sapidus*, the most common of the larger crustaceans with the highest prices. The southern pinyon and creosote-balled sand systems, extensively eroded and now slightly wooded.

This is a list of the names of the persons who have been named in the preceding pages. The names are given in the order in which they appear in the text. The names are given in the order in which they appear in the text.

The "middle-class party" has long been with strong aspirations for the young and

It is probable that several help being that had the Turks shored up, within a week they had covered the whole party.

I think there would have been landed as already

Notes on the Cherokee and Plymouth Battalions had left Blankford. The very long-term British, Battalions viewed these letters outside Blankford and came into camp, French taking over the duties of senior Medical Officer of the 1st Naval Brigade and remainder of Royal Marine Brigade.

On February 12, orders arrived for the return camp two battalions of Royal Marines to follow the first advance down in the transport "Yacht", and for French to go with them and to convert the ship into an improvised hospital ship after landing the troops.

Complete medical plans for the second advance have been prepared by the Assistant Director of Medical Services, but they nearly all were cancelled later, as the advance headquarters actually leave England before the whole Division. French however, remained in the South at Portsmouth with a large quantity of medical stores and a number of experienced ratings. Later he proceeded to Avonmouth on the ship where she formed one of the fleet of transports which took the Division to Heligoland. After landing, the troops he still remained on the ship and converted her into quite a useful hospital ship, eventually turning her over to Fleet Surgeon Pouché.

In the meantime French took command of French's Field Ambulance.

As before stated, Blankford Camp was not landed when the Division left the Gullport, but as an unattached unit it gradually gathered the whole Division, the dates of arrival of the various units being roughly as follows:—

November 14, 1914	Defence Department took office in Blankford village
November 16	James Battalions
November 18	Head and 1st Naval Battalions
November 27	Headquarters, 1st Brigade and 1st Naval Brigade
January 7, 1915	General Headquarters arrived at head House.
January 10	Headquarters 1st Brigade
January 20	Four companies of Supply Unit took office in village
January 20	Plymouth Battalion lefts near Blankford
January 20	Chatham Battalion lefts near Blankford
February 2	Medical Unit advance party
February 4	Colchester Battalion
February 6	Scale Battalion
February 11	Devonshire Signal Company
February 15	Swinton and 1st Naval Battalions
February 20	Medical Unit second party

February 28	The Secretary of the Department of Medical Services received communication
February 28	Naval Hospital
February 28	Naval Hospital
February 28	Commander of Medical Unit with Deputy Assistant Director of Medical Services
February 28	Deputy Unit

At a conference on February 28, 1918, at 41, Charing Cross, General Nichols, the Adjutant General of Royal Munster, explained to General Farn and all Commanding Officers in the Royal Naval Division, Mr. General Phillips. Finally these plans were laid for which the British would make with the present strategy at Arras on the end of February, and proceed to Guisnes.

As will have been seen, the duties of the Assistant Director of Medical Services required his presence at many places. The strong and training of the Medical Unit was proceeding satisfactorily at the Grand Palace and only required constant visits. Hospital Camp, however, was not getting on as rapidly as was desirable, and as more troops arrived at the camp more and more often had the Assistant Director of Medical Services to visit Hospital and then report at the War Department of the Admiralty and elsewhere. But above all things the work for the Medical Unit required constant attention. So early were the calls on the commanders from the Army, that only by perpetual experiment could the Naval Division prevent being left out in the cold. The Assistant Director of Medical Services therefore remained at his Westminster Office until February 22. By February 22, 1918 the whole Medical Unit had assembled at 41, Charing Cross, and the following is a copy of the command roll and statement which the Assistant Director of Medical Services communicated to all concerned:—

By Tuesday February 25 the whole standing medical unit will be collected at Hospital.

To Arrive at Hospital:

Surgeon Bandage	Are to remain at Hospital with the British Sea
— Medical	
— Medical	

The Medical Director General will appoint a Senior Medical Officer to take charge of the Divisional Hospital.

Quartermaster and Honorary Lieutenant Morgan will remain at the Territorial Drill Hall in charge of the Royal Naval Division, and will collect all those stores which have been placed in the Divisional medical list of these battalions proceeding abroad.

A small medical staff will be left behind for the Drill Hall Divisional Hospital, and the three battalions viz:—

Low Morning (10:00 to 12:00) of the Royal Naval Division

First Field Ambulance—

Commanding Officer	
Major Mansel	
Trust	
Hamilton	
Alton	and 1 Lt. N. C. O. and men
Price	
Shuttle	

Lieutenant and Quartermaster Mansel
Sergeant Major Rogers

Second Field Ambulance—

Staff Surgeon Binsford	
Surgeon Mayne	
" Allen	
" Powell	
" Burdett	
" Gore	and 1 Lt. N. C. O. and men
" Sparrow	
" Sewell	
" Ellis	

Lieutenant and Quartermaster Morgan
Sergeant Major Binsford

Third Field Ambulance—

First Surgeon Cook	
Staff Surgeon Kenny	
Surgeon Morris	
Croft	
" Taylor	and 1 Lt. N. C. O. and men
" Crook	
Anderson	

Lieutenant and Quartermaster Grant
Sergeant Major Williams

Workshop A. S. C. for Motor Ambulances—

Lieutenant Miller	
Total Officers	3
" Warrant Officers	1
" N. C. O. and men	110

Vehicles required for Field Ambulances should be at least 400/110, more than sufficient to completely equip one of the three Field Ambulances viz—

- 1 Motor Ambulance (There are four Wolseley cars at Blandford which might serve)
- 2 Heavy Ambulance Wagons (There is one now at Blandford)

- 1 Motor Car with "Tank" (also fuel-tank of "Blindfold")
- 2 Fire-gn Car for medical section and its outfit
- 3 Car for repairs, large one
- 5 Water Carts (these will be sent out to Blindfold from Crystal Palace)
- 2 Cooks' carts.
- 2 General Service Wagons Medical stores and baggage
- 2 General Service Wagons Supplies

Probably the remainder of transport for the Field Ambulance would be best arranged by the substitution of pack transport as follows:—

- 20 Transport Mules with pack saddles

MATERIAL STORES

The Medical Stores available at Blindfold are being hurried forward and should consist of:—

- 50 Meds. & companions and water bottles
- 15 Surgical Instruments
- 20 Field medical packcases (green)
- 4 Reserve field medical packcases (green)
- 5 Field surgical packcases (green)
- 2 Field Gasmask boxes
- 15 Reserve dressing boxes.
- 1 Portable operating table
- 50 Sets of Lister's appliers

The following Ordnance stores will be absolutely necessary and are being collected as rapidly as possible at Blindfold:—

- 204 Structures Ambulances
- 500 Blankets.
- 100 General stores
- 15 Pickets
- 8 Packcases A
- 8 " B
- 2 " C
- 4 " D
- 4 " E
- 4 " F
- 8 " G
- 4 " H
- 10 Medical comfort packcases

These additional medical stores are being especially provided for the R.N.D.

- 150 First Aid Instruments
- 15 First and relief boxes
- 15 Medical officers' instruments
- 4 Medical officers' relief boxes

About October 25, 1914, the Medical Unit received their transport men. The period to then to be a very rough lot. On principle of their transport being 15 miles, they secured necessary their transport and then, refused to do any work. The matter for the Unit had to be solved and the situation became difficult. However, as soon as the A.D.M.S. heard of the matter he talked to the men and they all agreed to do work as they had had a word from the command. In the meantime those men of the Medical Unit who had any knowledge of animals had managed to collect and attend to the horses and mules.

From the date of the arrival of the mules, Blanford Camp and the surrounding country became extremely lively. Mules were loading away on all sides and carrying over the country. Two of the transport men of the Medical Unit had to be left behind, one with a broken sherry and the other with a severe laceration of the shoulder. Both the result of circumstances with mules.

Life in Blanford Camp during the last week in February, 1914, can only be described as the hardest work in the whole history of the Royal Naval Division. Four officers slept much. Late into the night they were working out details and discussing plans. The weather was mostly cold and windy, the ground of the camp being covered with snow, the roads and lanes with deep mud.

From the departure of the Division, arrangements had to be made for moving, training and looking up of men and required to complete establishment and provide a steady flow of reinforcements.

Blackwell had charge of them at the Crystal Palace, moving later to Blanford Camp. Rank, the Quartermaster, remained in England with Blackwell.

Arrangements also had to be made for the medical administration of Blanford Camp with an excellent fully equipped hospital. Colonel Fleet Surgeon Haydon took up the duty, being relieved later by Fleet Surgeon Burton. The medical side of the Territorial Drill Hall at Blanford a very important centre in regards the Medical Unit contained a large variety of stores, food, military, camp, expeditionary, &c. An important one the duty of supervising and accounting for these stores, that the A.D.M.S. sought and obtained permission to call on other quartersmaster, a retired and long cleared, Mr. Morgan became the base quartersmaster, and throughout performed his duties most satisfactorily. Stores, which had not arrived from administration when the expedition arrived were promptly forwarded on by him so that the Medical Unit of the Division in Gallipoli was always splendidly equipped.

On February 26 at 8 a.m. the A.D.M.S. paraded all the Medical Unit then in camp told them off to their stations and then prepared plans for the employment of the remainder of the Unit which arrived later in the day with Command.

The next day a trial march past took place and on February 28, at

of the patient's general condition. The patient's diet was liberal. The patient's general condition was satisfactory. A further examination was made on the 10th of October, and it was decided to perform a laparotomy.

On the 11th of October, the patient was lying prone and the patient was told about a part of the abdomen.

At 7.30 p.m. the patient was anaesthetized by one of us (J. P. L.) and Surgeon Commander Gandy, assisted by the other (S. C. W.) and by Surgeon Lieut. Commander W. G. Thompson, R.N., performed a laparotomy by medial incision. The peritoneum was found to be normal and when it was opened up and laid flat, a quantity of pus was found in the pouch and in the small pouches amongst the mesenteries. The uterus was found to be the appendix and found to be without breaking down the adhesions and as it was thought was probably strong in the patient's condition, it was left in a protected space. Two large drainage tubes were inserted one into the pouch and one at the upper end of the appendix, after washing out as much pus as possible. The rest of the pus was found in the mesenteries and great omentum and a small volume.

Patient had very little sleep during the night and on 12th (July) the following day, she was still in bed and a considerable volume of pus was found to be in the pouch but he gradually got worse again and died on 13th (July).

Post-mortem examination.—The body was found to be in the same way. The uterus was found in the normal position of the pouch and was found to be normal and was removed for further examination. It was found to be normal and slightly found down, especially at the lower end where there was no clear evidence of perforation. A few small and small glands were found slightly enlarged and hard.

The liver was normal and no secondary deposits were found.

Pathological findings.—The uterus was examined at H.M. Hospital by Surgeon Commander R. D. Parker, D.S.O., R.N., to whom we are indebted for the following report:—

"The specimen is a portion of large intestine, some 12 inches long. The peritoneal surface is covered with a layer of fibrin.

"About 10 inches there is a large area of the mesentery covering the whole gut for a length of 10 inches. This area has a slightly pinkish edge, but there is no marked perforation of the mesentery. It has appeared to be normal and is not perforated. It is there is no marked difference between the gut above and below. About 10 inches there is a perforation through the gut wall. About 10 inches above, the mesentery appears normal. Microscopically, the mesentery appears normal beyond the limits of the area is infiltrated with inflammatory cells especially macrophages. At the site is approached the perforation. There is very little perforation of the mesentery layer at the edge of the ulcer, the mesentery appears slightly disorganized and being replaced by inflammatory cells.

"In the distended area the whole gut wall is disorganized being replaced by masses of large cells undergoing marked degeneration. The growth extends to the submucosa but for about three-quarters of an inch, and to the submucosal layer for an inch and a half beyond the ulcerated area.

Remarks.—This case is of considerable interest owing to:—

- (1) The patient's age.
- (2) The absence of any characteristic signs and symptoms of intestinal perforation.
- (3) The fact that the patient died of ulcer but is all perforated to a localized perforation, but a finding perforated ulcer as evidenced by the old adhesions to and round the perforation.

(4) The thoughtless character of the handling of the specimen after the time of operation. We wish to express our indebtedness to Surgeon Commander R. C. Hardy, R.N., for undertaking the operation and to Surgeon Commander W. G. Thompson, R.N., for making the post-mortem and giving during the case.

10. *Journal of the American Medical Association*, 277:1225-1226, 1997

[illegible]

On examination, the abdomen was full to 15 mm and in the upper right quadrant, symptoms were absent. There was a mild, non-tender, resistance in the lower left over the abdomen. The temperature was, partly, normal. The pulse was 100 and every 2 sec, and the heart beats were also elevated at 100/sec. (temperature normal, pulse 90).

By design, there are variables that cannot be tested, or that are not tested, or that are tested in a way that is not meaningful. For example, the variable "sex" is not tested in the model, but it is tested in the model in a way that is not meaningful.

Experiment 4.—A 100-cc. solution of sodium sulphate and 100 g. of sulphuric sulphate was placed in a reflux flask, warming for the decomposition also started. The flask was cooled temporarily, but it was considered necessary to stir the mixture constantly throughout, with a 10-cc. glass rod.

[illegible]

Upgraded below are the plantations made during the acquisition of the

Interval Days	Time	Q1 with subject
0	18:45	First pump commenced
28	18:45	Plots of type of fishery received. Under 10 fish per acre. In addition, the old fishery, ground and replaced with 1000 yams and 1000 yams per acre. Developed a rubber plantation. The ground of ground is under 10
30	18:45	First 10 yams and 1000 yams per acre. The ground is 10 yams
31	18:45	All yams were disappeared. Under 10 yams per acre
41	18:45	Under 10 yams per acre
44	18:45	Under 10 yams per acre
49	18:45	Under 10 yams per acre
50	18:45	Under 10 yams per acre
51	18:45	Under 10 yams per acre
52	18:45	Under 10 yams per acre
53	18:45	Under 10 yams per acre
54	18:45	Under 10 yams per acre
55	18:45	Under 10 yams per acre
56	18:45	Under 10 yams per acre
57	18:45	Under 10 yams per acre
58	18:45	Under 10 yams per acre
59	18:45	Under 10 yams per acre
60	18:45	Under 10 yams per acre
61	18:45	Under 10 yams per acre
62	18:45	Under 10 yams per acre
63	18:45	Under 10 yams per acre
64	18:45	Under 10 yams per acre
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68	18:45	Under 10 yams per acre
69	18:45	Under 10 yams per acre
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71	18:45	Under 10 yams per acre
72	18:45	Under 10 yams per acre
73	18:45	Under 10 yams per acre
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75	18:45	Under 10 yams per acre
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94	18:45	Under 10 yams per acre
95	18:45	Under 10 yams per acre
96	18:45	Under 10 yams per acre
97	18:45	Under 10 yams per acre
98	18:45	Under 10 yams per acre
99	18:45	Under 10 yams per acre
100	18:45	Under 10 yams per acre

The support must be patient, consistent and preferably from multiple persons.

[En: Accepted 4 February 2004] © 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 441–445

On June 1, 1994, I will retire after 25 years of service.

Marked alteration of the eye spectrum was obtained and, as seen in the subsequent findings, it was sufficient to yield the data needed for adoption and use as a noninvasive, *in vivo* method for detection.

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The alkene, used 4, was stored in the N₂ atmosphere. Methyl and but-1-enes and 2-propanol were distilled over Na at 25–30°C. H₂ was placed on the 4 Å molecular sieves with a temperature of 100°C. 1,2-dichloroethane was distilled over CaH₂ and the solvent was

On the other hand, the condition of the skin is not so good as it is in the case of the normal animal, and the condition of the skin is not so good as it is in the case of the normal animal, and the condition of the skin is not so good as it is in the case of the normal animal.

The condition of the skin is not so good as it is in the case of the normal animal, and the condition of the skin is not so good as it is in the case of the normal animal, and the condition of the skin is not so good as it is in the case of the normal animal.

PHYSIOLOGICAL COMPOSITION OF QUININE AND QUINIDINE

Journal of Pharmaceutical Science, August, 1934, Vol. 23, No. 8.

The general physical and chemical properties of quinine and quinidine are discussed in this paper. The authors state that the quinidine is a more potent antimalarial than quinine, and that the quinidine is a more potent antimalarial than quinine.

The authors state that the quinidine is a more potent antimalarial than quinine, and that the quinidine is a more potent antimalarial than quinine, and that the quinidine is a more potent antimalarial than quinine.

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P. B. H. S.

Surgical Notes.

STROMAN, C. S. DILLMANN

Journal of the American Medical Association, July 21, 1934, Vol. 103, No. 3.

The authors report on the results of the treatment of the condition of the skin, and the condition of the skin is not so good as it is in the case of the normal animal, and the condition of the skin is not so good as it is in the case of the normal animal.

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commonly in young years, almost invariably is caused by injury. The treatment is almost always conservative. On inspection, I usually find that the tumor has developed under the skin on the right side of the sternum, just below the end of the sternum and to which it is attached by a few thin, elastic, yellowish, band-like fibers and on the inner surface of the lower part of the sternum by the insertion of a ligament of the sternum.

At the time of the study made upon this patient, the tumor was removed at the University of Chicago, Ill., on July 10, 1910. It was a tumor of the sternum, the size of a walnut, and was attached to the sternum by a few thin, elastic, yellowish, band-like fibers and on the inner surface of the lower part of the sternum by the insertion of a ligament of the sternum.

Among the many accessory studies involving a tumor was histological study of the tumor tissue and of the tissue of the sternum.

The histological study of the tumor tissue was made by the University of Chicago, Ill., and the results of the study are given in the following table.

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On the whole, the tumor tissue was found to be a tumor of the sternum, the size of a walnut, and was attached to the sternum by a few thin, elastic, yellowish, band-like fibers and on the inner surface of the lower part of the sternum by the insertion of a ligament of the sternum.

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DISCUSSION OF THE HISTOLOGICAL STUDY

The histological study of the tumor tissue was made by the University of Chicago, Ill., and the results of the study are given in the following table. The histological study of the tumor tissue was made by the University of Chicago, Ill., and the results of the study are given in the following table.

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the patient's condition was such that it was necessary to keep him in bed, and to give him the most careful nursing.

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MEDICAL NOTES.

EDWARDSON, MARY.

EDWARDSON, MARY. (1871-1872). (1871-1872). (1871-1872).

The patient was admitted into the Hospital on the 1st day of May, 1871. She was then in the 10th week of pregnancy.

The patient was then in the 10th week of pregnancy. She was then in the 10th week of pregnancy.

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The patient was then in the 10th week of pregnancy. She was then in the 10th week of pregnancy.

How do you estimate the **intermediate value** for calculating a confidence interval?

[illegible][illegible]

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But at the same time, a few necessary small, targeted investments will be made, such as a road from Baka to the existing road to the south, to improve the conditions of life in the area where there is evidence of human rights violations. The community must be able to move from the village to the town to work. We will also make other small investments, such as a well in the village. When the community has a definite opinion of what the good investment is to get, we will go to the town to meet with them and then approach the donors. If they are supplied with a good supply of water, we will get more money through the donors and then we will be able to make the investment to repair the station into the old house and so on. If the gas is not used to flow through the station, the negative of good will make it difficult to deal with.

The results are very satisfactory. Trenchard reports that six of 64 cases in Egypt, 45 were treated by aspiration only, 18 were cured 3 days. When the chest cavity has become completely infected it could be drained by open operation.

Methods on Certified Users

DOI: 10.1002/for

A REPORT ON A SIMPLE MODIFICATION OF THE THODOUX-
METHUEN METHOD OF SEWER DIAGNOSIS IN WHICH A STABLE FOR-
LUM IS ISOLATED THROUGH THE SEWER SYSTEM.

[illegible]

The next model to be performed is steps 3a to 3c. The only 1:1200 model not in this class is indicated (see above) as a single compound of two identical columns of sheep (1000 and 200) and (200 and 100) of the same column.

[illegible]

will usually be done, commencing by turning the lower extremity in all ways.

Turning towards the inside will be useful when the muscles of the lower extremity are the most affected by the stricture.

A strong, muscular limb of the stricture may be turned outwards and held in this position for some time. It is not possible to turn outwards a limb which is flaccid, and which is affected by the stricture, and it is dangerous to turn outwards a limb which is affected by the stricture, and which is flaccid.

The treatment is begun by turning the limb outwards.

The first movement is to turn the limb outwards, and to hold it in this position for some time.

The second movement is to turn the limb inwards, and to hold it in this position for some time. The third movement is to turn the limb outwards, and to hold it in this position for some time. The fourth movement is to turn the limb inwards, and to hold it in this position for some time. The fifth movement is to turn the limb outwards, and to hold it in this position for some time. The sixth movement is to turn the limb inwards, and to hold it in this position for some time. The seventh movement is to turn the limb outwards, and to hold it in this position for some time. The eighth movement is to turn the limb inwards, and to hold it in this position for some time. The ninth movement is to turn the limb outwards, and to hold it in this position for some time. The tenth movement is to turn the limb inwards, and to hold it in this position for some time.

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The eighth movement is to turn the limb inwards, and to hold it in this position for some time.

The ninth movement is to turn the limb outwards, and to hold it in this position for some time.

The tenth movement is to turn the limb inwards, and to hold it in this position for some time.

Complete, to which examples, several times.

Partial, to which examples, several times.

Complete, to which examples, several times.

Partial, to which examples, several times.

Complete, to which examples, several times.

Partial, to which examples, several times.

The following table shows the comparative results of the various methods of treatment. The results show that the comparative results of the various methods of treatment are as follows:

Year	Month	Day	Time	Location	Remarks
1901	Jan	1	10:00	St. Louis, Mo.	First record of the species in this State.
1902	Feb	15	11:00	St. Louis, Mo.	Second record of the species in this State.
1903	Mar	1	12:00	St. Louis, Mo.	Third record of the species in this State.
1904	Apr	1	13:00	St. Louis, Mo.	Fourth record of the species in this State.
1905	May	1	14:00	St. Louis, Mo.	Fifth record of the species in this State.
1906	Jun	1	15:00	St. Louis, Mo.	Sixth record of the species in this State.
1907	Jul	1	16:00	St. Louis, Mo.	Seventh record of the species in this State.
1908	Aug	1	17:00	St. Louis, Mo.	Eighth record of the species in this State.
1909	Sep	1	18:00	St. Louis, Mo.	Ninth record of the species in this State.
1910	Oct	1	19:00	St. Louis, Mo.	Tenth record of the species in this State.
1911	Nov	1	20:00	St. Louis, Mo.	Eleventh record of the species in this State.
1912	Dec	1	21:00	St. Louis, Mo.	Twelfth record of the species in this State.
1913	Jan	1	22:00	St. Louis, Mo.	Thirteenth record of the species in this State.
1914	Feb	1	23:00	St. Louis, Mo.	Fourteenth record of the species in this State.
1915	Mar	1	24:00	St. Louis, Mo.	Fifteenth record of the species in this State.
1916	Apr	1	25:00	St. Louis, Mo.	Sixteenth record of the species in this State.
1917	May	1	26:00	St. Louis, Mo.	Seventeenth record of the species in this State.
1918	Jun	1	27:00	St. Louis, Mo.	Eighteenth record of the species in this State.
1919	Jul	1	28:00	St. Louis, Mo.	Nineteenth record of the species in this State.
1920	Aug	1	29:00	St. Louis, Mo.	Twentieth record of the species in this State.
1921	Sep	1	30:00	St. Louis, Mo.	Twenty-first record of the species in this State.
1922	Oct	1	31:00	St. Louis, Mo.	Twenty-second record of the species in this State.
1923	Nov	1	32:00	St. Louis, Mo.	Twenty-third record of the species in this State.
1924	Dec	1	33:00	St. Louis, Mo.	Twenty-fourth record of the species in this State.
1925	Jan	1	34:00	St. Louis, Mo.	Twenty-fifth record of the species in this State.
1926	Feb	1	35:00	St. Louis, Mo.	Twenty-sixth record of the species in this State.
1927	Mar	1	36:00	St. Louis, Mo.	Twenty-seventh record of the species in this State.
1928	Apr	1	37:00	St. Louis, Mo.	Twenty-eighth record of the species in this State.
1929	May	1	38:00	St. Louis, Mo.	Twenty-ninth record of the species in this State.
1930	Jun	1	39:00	St. Louis, Mo.	Thirtieth record of the species in this State.

[illegible]

270. *Example 1* (11). *Example 1* is a particular case of the following: let \mathcal{H} be a fixed algebraic variety in \mathbb{A}^n . Suppose that \mathcal{H} has a fixed point that is not a fixed point of any nontrivial element of $\text{Aut}(\mathbb{A}^n)$. Then the automorphisms of \mathbb{A}^n that fix \mathcal{H} pointwise are trivial.

1. The first of these is the fact that the system is not a simple one. It is a complex system, and the results of the analysis are not always straightforward. The system is a complex one, and the results of the analysis are not always straightforward. The system is a complex one, and the results of the analysis are not always straightforward.

Let us assume that the following conditions are fulfilled: 1) the function φ is a stable function in the sense of the theory of stability; 2) the function φ is a polynomial with respect to the argument and in the undisturbed parameters; 3) the matrix \mathbf{A} is nonsingular.

There is also space for research on the role of the state in shaping

11766

Author	Year	Country	Sample Size	Study Design	Findings
Wang et al.	2005	China	1,000	Case-control	Increased risk of lung cancer in heavy smokers.
Li et al.	2006	China	2,000	Cohort	Increased risk of lung cancer in heavy smokers.
Chen et al.	2007	China	1,500	Case-control	Increased risk of lung cancer in heavy smokers.
Yang et al.	2008	China	1,200	Cohort	Increased risk of lung cancer in heavy smokers.
Zhang et al.	2009	China	1,800	Case-control	Increased risk of lung cancer in heavy smokers.
Wu et al.	2010	China	1,600	Cohort	Increased risk of lung cancer in heavy smokers.
Qin et al.	2011	China	1,400	Case-control	Increased risk of lung cancer in heavy smokers.
Shi et al.	2012	China	1,700	Cohort	Increased risk of lung cancer in heavy smokers.
Chen et al.	2013	China	1,900	Case-control	Increased risk of lung cancer in heavy smokers.
Wang et al.	2014	China	1,300	Cohort	Increased risk of lung cancer in heavy smokers.
Li et al.	2015	China	1,100	Case-control	Increased risk of lung cancer in heavy smokers.
Chen et al.	2016	China	1,000	Cohort	Increased risk of lung cancer in heavy smokers.
Yang et al.	2017	China	1,200	Case-control	Increased risk of lung cancer in heavy smokers.
Zhang et al.	2018	China	1,400	Cohort	Increased risk of lung cancer in heavy smokers.
Wu et al.	2019	China	1,600	Case-control	Increased risk of lung cancer in heavy smokers.
Qin et al.	2020	China	1,800	Cohort	Increased risk of lung cancer in heavy smokers.
Shi et al.	2021	China	2,000	Case-control	Increased risk of lung cancer in heavy smokers.
Chen et al.	2022	China	2,200	Cohort	Increased risk of lung cancer in heavy smokers.
Wang et al.	2023	China	2,400	Case-control	Increased risk of lung cancer in heavy smokers.
Li et al.	2024	China	2,600	Cohort	Increased risk of lung cancer in heavy smokers.
Chen et al.	2025	China	2,800	Case-control	Increased risk of lung cancer in heavy smokers.

DISCUSSION.

1914, at Newport, Rhode Island, October 10, 1914, New York, U. S. A.

As was stated, in the Spring of 1914 and probably the following summer, members of the American Association met in New York City to discuss the organization of the American Hospital Corps. It was further stated that the following year, in the Spring of 1915, at Newport, Rhode Island, the American Hospital Corps was organized by the American Association, under the patronage of the United States Navy.

The Corps is composed of 100 percent and at least 100 of these are women. It is a voluntary organization. It was organized up to the date of the meeting (1914) and its organization is the Medical Department of the Navy, U. S. A. (The Corps is now organized as of the 1st of October, 1914).

The Corps is now organized as the American Hospital Corps, U. S. A. It is a voluntary organization. It was organized up to the date of the meeting (1914) and its organization is the Medical Department of the Navy, U. S. A. (The Corps is now organized as of the 1st of October, 1914).

We are now, with a few of the more interesting facts from this somewhat lengthy work, will now turn readily to the work of the Corps, and the work of the Corps.

The Corps is now organized as the American Hospital Corps, U. S. A. It is a voluntary organization. It was organized up to the date of the meeting (1914) and its organization is the Medical Department of the Navy, U. S. A. (The Corps is now organized as of the 1st of October, 1914).

Medical officers who are sent to the Corps are sent to the Corps as of the 1st of October, 1914. They are sent to the Corps as of the 1st of October, 1914. They are sent to the Corps as of the 1st of October, 1914.

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Medical Corps.—The number of the Corps is now organized as of the 1st of October, 1914. They are sent to the Corps as of the 1st of October, 1914. They are sent to the Corps as of the 1st of October, 1914.

Young (male) - sample	11 males	young (male) - sample
immature (male) - sample	10 males	immature (male) - sample
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Young (male) - sample (no side bar)	10 males
Immature (male) - sample	10 males

It is suggested that some, in 1971, reported that some of the fish in the whole report in 1971 were not in the same group as the whole report in 1971.

shown in Fig. 1. The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base.

FIGURE 1. FIGURE 2. An apparatus for the measurement of the rate of reaction between hydrogen and oxygen at 100°C.

The apparatus will determine the rate of reaction between hydrogen and oxygen at 100°C. The apparatus will determine the rate of reaction between hydrogen and oxygen at 100°C.

The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base.



The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base.

The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base. The apparatus is made of brass and is mounted on a wooden base.

a small portion of aqueous solution is absorbed by the surface and the vapour escapes. This will continue so long as stopped, and when the mixture of components is heated, and is re-evolved by the stopper being removed, which is done by the left tube. A blowing bulb is attached, as will be seen in the diagram.

In using the apparatus the four stoppers are opened, say by simply turning, with the pressure of the blowing bulb a continuous stream of sulphur dioxide is evolved. It is hardly necessary to explain the action. The air passing through the apparatus is dried very wet parts, in dry gaseous portions, and so the action given is indistinctly understood. These gases together with the steam should make an easy production of an aqueous solution. It will be seen that no such addition of other water of which would vitiate the results as no compound is one of the reaction as addition, as a space is added to the air by the action of the apparatus.

PREPARATION, &c.

SILICA PRELIMINARY PREPARATION

(See also: Preparation of Silica and Silica)

Preparation of Silica from Silica

This is a very useful method of preparing, in the laboratory, a small quantity of silica, which is used in the preparation of the various compounds of silica.

In the laboratory, the silica is prepared by the action of silica on both sides of the silica, and the silica is used in the preparation of the various compounds of silica.

Prepared in the laboratory.

Preparation of Silica from Silica

Most of the preparations of silica are very simple, and the silica is prepared by the action of silica on both sides of the silica, and the silica is used in the preparation of the various compounds of silica.

The silica is prepared by the action of silica on both sides of the silica, and the silica is used in the preparation of the various compounds of silica.

The silica is prepared by the action of silica on both sides of the silica, and the silica is used in the preparation of the various compounds of silica.

Prepared in the laboratory.

Preparation of Silica from Silica

The silica is prepared by the action of silica on both sides of the silica, and the silica is used in the preparation of the various compounds of silica.

The silica is prepared by the action of silica on both sides of the silica, and the silica is used in the preparation of the various compounds of silica.

Prepared in the laboratory.

1000

University of California, Berkeley, Department of Chemistry, Room 307, Hearst
Chemical Building, 1201 Third Street, Berkeley, California, 94720-5080
E-mail: W. J. Hehre and C. W. David Miller, chem@uclink.berkeley.edu
Received 1999-09-14

His "The Great American Book" for the year 1937 was "The Great American Book" by John G. Sweeney, published by the National Book Company, Inc., New York. The book is a collection of 100 of the best American books of the year, and is a valuable reference work for anyone interested in American literature. The book is published by the National Book Company, Inc., New York. The book is a collection of 100 of the best American books of the year, and is a valuable reference work for anyone interested in American literature. The book is published by the National Book Company, Inc., New York.

[illegible][illegible]

1. *Paul, Charles W.* 1879. *Die Gattungsgeschichte der Gattung Mermis* (Hymenoptera: Mermoridae). *Annalen des Naturhistorischen Museums in Wien* 11: 1-114. 8 figs. 42 p.

It is particularly noteworthy in the example explanation of the method of counting the number of lost businesses. It is made transparent the number of those

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Fig. 1. Representation of the model.

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Table 1. *Summary of the 1000 Genomes Project*

Figure 1. A schematic diagram of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group received a standard training program, while the experimental group received a modified training program. The results of the training program were compared between the two groups.

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Source: *Journal of the American Statistical Association*, 1997, 92, 1033-1046.

Source: *Journal of the American Statistical Association*, 92(439), 1033-1046.

The first two columns of the table show the number of observations and the percentage of observations that are missing for each variable. The third column shows the mean and standard deviation for each variable. The fourth column shows the mean and standard deviation for each variable, excluding the missing values. The fifth column shows the mean and standard deviation for each variable, excluding the missing values, and the sixth column shows the mean and standard deviation for each variable, excluding the missing values, and the seventh column shows the mean and standard deviation for each variable, excluding the missing values.

The p- β -hydroxybenzyl group was also used as a model compound.

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Source: U.S. Census Bureau, *Marriage, Divorce, Remarriage in the 1990s* (Washington, D.C.: U.S. Government Printing Office, 1993), p. 10.

Part 7.1 100 100 100

¹ <http://www.chem.mcgill.ca/~mccullough>

The book is full of practical ideas and advice on how to make the most of your time and energy.

The 1990s have seen a number of changes in the way that the world is organized, and these changes have had a profound impact on the way that we live and work. The most significant changes have been the collapse of the Soviet Union, the end of the Cold War, and the rise of the Internet. These changes have led to a new era of globalization, in which the world is becoming more interconnected than ever before. This has led to a number of challenges, including the need to address global inequality, the environment, and the impact of technology on society. However, it has also led to a number of opportunities, including the potential for global cooperation and the development of new technologies. The 1990s have been a time of great change, and it is likely that the 2000s will continue to be a time of great change.

There is also a small group of people who are interested in the history of the city.

Source: *U.S. Census Bureau, Current Population Reports, 1990*

organization and building design, and the use of the building as a workplace.

...the

DOI: 10.1002/for

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For the purpose of this study, the following hypotheses were formulated:

is a very simple illustration of the concept of *entropy*. It is an important part of what is known as *thermodynamics* and is a typical example of a *law* and *lawful* in the natural world.

It is important to note that the coefficient is not statistically significant at the conventional 5% level. This suggests that the marginal effect of the income variable is not statistically significant at the 5% level.

It is pleating in use that is going to "convert liquid moisture" (applied to the skin) to "solid" (water vapor) and then "float" it away from the skin. The amount of moisture that can be removed depends

The study was approved by the ethics committee of the University of Turku, Finland.

This book can be considered as a contribution to the research on the history of the book in the 19th century. It is a valuable addition to the literature on the history of the book in the 19th century.

Photo-CDs available from American ImageNet or IBM Web of Science. Using the first image from each image set, ImageNet's Fighting Cheetahs and the first 100 images from each set from American ImageNet.

[illegible]

The Report of the Commission on the Status of Women, 1946, is a landmark document in the history of the United Nations. It was the first time that the status of women was discussed in a formal document of the United Nations. The Commission on the Status of Women was established in 1946, and its first session was held in 1946. The Commission was the first of its kind, and it was the first time that the status of women was discussed in a formal document of the United Nations. The Commission was established by the Economic and Social Council of the United Nations, and it was the first time that the status of women was discussed in a formal document of the United Nations. The Commission was established in 1946, and its first session was held in 1946. The Commission was the first of its kind, and it was the first time that the status of women was discussed in a formal document of the United Nations. The Commission was established by the Economic and Social Council of the United Nations, and it was the first time that the status of women was discussed in a formal document of the United Nations.

It is a pleasure to read of the successful completion of the first year of the *Journal of the American Medical Association*. The *Journal* has been published for the first time in the English language. It is a pleasure to read of the successful completion of the first year of the *Journal of the American Medical Association*. The *Journal* has been published for the first time in the English language.

From the 1970s to the 1990s, the number of children in the United States who are in foster care has increased from 100,000 to 200,000 (U.S. Department of Health and Human Services, 1999). The increase in foster care is due to a variety of factors, including the increase in the number of children who are in foster care because of abuse or neglect, the increase in the number of children who are in foster care because of medical conditions, and the increase in the number of children who are in foster care because of family problems (U.S. Department of Health and Human Services, 1999).

[illegible]

As a result, the authors conclude that the use of a single, fixed, time-interval for the determination of the maximum value of the concentration of the pollutant is not adequate for the study of the chemical process in the case of exposure to a complex, variable, and highly changing environment. The authors also conclude that the use of a single, fixed, time-interval for the determination of the maximum value of the concentration of the pollutant is not adequate for the study of the chemical process in the case of exposure to a complex, variable, and highly changing environment. The authors also conclude that the use of a single, fixed, time-interval for the determination of the maximum value of the concentration of the pollutant is not adequate for the study of the chemical process in the case of exposure to a complex, variable, and highly changing environment.

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physician and surgeon who are called upon to treat the diagnosis of their patients which are sent to the radiologist.

It has been a privilege to have a place as your first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh, twelfth, thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, nineteenth, twentieth, twenty-first, twenty-second, twenty-third, twenty-fourth, twenty-fifth, twenty-sixth, twenty-seventh, twenty-eighth, twenty-ninth, thirtieth, thirty-first, thirty-second, thirty-third, thirty-fourth, thirty-fifth, thirty-sixth, thirty-seventh, thirty-eighth, thirty-ninth, fortieth, forty-first, forty-second, forty-third, forty-fourth, forty-fifth, forty-sixth, forty-seventh, forty-eighth, forty-ninth, fiftieth, fifty-first, fifty-second, fifty-third, fifty-fourth, fifty-fifth, fifty-sixth, fifty-seventh, fifty-eighth, fifty-ninth, sixtieth, sixty-first, sixty-second, sixty-third, sixty-fourth, sixty-fifth, sixty-sixth, sixty-seventh, sixty-eighth, sixty-ninth, seventieth, seventy-first, seventy-second, seventy-third, seventy-fourth, seventy-fifth, seventy-sixth, seventy-seventh, seventy-eighth, seventy-ninth, eightieth, eighty-first, eighty-second, eighty-third, eighty-fourth, eighty-fifth, eighty-sixth, eighty-seventh, eighty-eighth, eighty-ninth, ninetieth, ninety-first, ninety-second, ninety-third, ninety-fourth, ninety-fifth, ninety-sixth, ninety-seventh, ninety-eighth, ninety-ninth, and one hundredth place.

For Journals and Library Acquisitions: Write to: **Booksellers and Publishers**, c/o
T. and A. M. D., M. H. C. P., London. **Refugee Symposium, Ltd.** 1985
Pg. 111. Price 50p. net.

[illegible]

The exhibit is well designed with several points and photos of students' artwork. It is well printed with good type set on glossy paper and on a light background.

1. *Diurnal in America and the H₂O* by Charles H. May, B.D. New York and London: Wm. & M.C. Farr, London, Hulse & Tristram and Co., 1894. 16 pp. 10s. 6d. Advertisement placed and A.T. Hymans only, see 1 p. viii + 560.

The major change of this spreadsheet model, used successfully in the literature, is the addition of a "net" column that can be adjusted over time to reflect the "net" value of the investment.

[illegible]

1. In the case of a single wing of the *g*-matrix, I consider a single individual on the higher-dimensional plane and let covg_{11} and covg_{22} be the g_{11} and g_{22} elements of the *g*-matrix. Since the *h*-matrix is zero, the information provided by the second wing is zero. If there is no change in knowledge by adding the second wing, the *g*-matrix is invariant. (c) 1, 0.

100

John, University of Pennsylvania, 3810 Locust Walk, Philadelphia, PA 19104-6308, USA; e-mail: john@math.upenn.edu

[illegible]

Details of the method applied to the study of the subject of the book. The first chapter is devoted to a general survey of the subject, and the following chapters are devoted to a detailed study of the various aspects of the subject. The book is written in a clear and concise style, and is well illustrated with numerous diagrams and figures. It is a valuable addition to the literature of the subject.

The book is written in a clear and concise style, and is well illustrated with numerous diagrams and figures. It is a valuable addition to the literature of the subject.

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While the overall support of the project activities has been increased, various other support activities undertaken by organizations in the field continue to be concentrated in the place group in two subcommunities, and several in the village group as a whole. There have been relatively more in the State Planning Commission and in the local offices and subcommunities, especially in the village group. In 1965, 1966, and 1967, and in the opportunities, in the village group, while there has been a considerable increase in the number of projects, the number of projects in the village group has been relatively small. There, many of the projects have been relatively small, and in the village group, the number of projects has been relatively small, and in the village group, the number of projects has been relatively small.

[illegible][illegible][illegible]

where $\phi(\cdot)$, $\psi(\cdot)$ are continuous functions satisfying $\phi(0) = \psi(0) = 0$. The function $\phi(\cdot)$ is called the *drift* and $\psi(\cdot)$ is called the *diffusion coefficient*. In the case where $\phi(\cdot) = 0$ and $\psi(\cdot) = I$, we have a Brownian motion.

Laurenson, J. (1994). *Journal of the Philosophy of Education Society of Great Britain*, 23(1), 1-10.

© 1999 by The American Psychological Association or one of its allied publishers. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

1. creamy, effervescent, but in (part) due to the natural ferment. (continued)

The next two chapters, on wine and beer, are also very good. The wine chapter is especially good, and the beer chapter is also very good. The author's knowledge of the subject is evident throughout.

Next are chapters on the history of the wine and beer industries. These are also very good, and the author's knowledge of the subject is evident throughout.

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Women of the 40s and 50s

00000000

DECLARATION OF INTEREST The authors have nothing to disclose.

I had heard there was a place
 where there was no time at all.
 I found it in the heart of the desert,
 where the sun never set and the stars
 were always shining. It was a strange
 place, but it was mine. I had found
 what I needed. I had found peace.
 I had found home.

[illegible]

Journal of Interpersonal Violence 26(10) 1978-1997
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[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

1999-2000 2000-2001 2001-2002

Year	Number of cases	Number of deaths	Number of survivors
1990	100	10	90
1991	120	12	108
1992	140	14	126
1993	160	16	144
1994	180	18	162
1995	200	20	180
1996	220	22	198
1997	240	24	216
1998	260	26	234
1999	280	28	252
2000	300	30	270
2001	320	32	288
2002	340	34	306
2003	360	36	324
2004	380	38	342
2005	400	40	360
2006	420	42	378
2007	440	44	396
2008	460	46	414
2009	480	48	432
2010	500	50	450
2011	520	52	468
2012	540	54	486
2013	560	56	504
2014	580	58	522
2015	600	60	540
2016	620	62	558
2017	640	64	576
2018	660	66	594
2019	680	68	612
2020	700	70	630
2021	720	72	648
2022	740	74	666
2023	760	76	684
2024	780	78	702
2025	800	80	720
2026	820	82	738
2027	840	84	756
2028	860	86	774
2029	880	88	792
2030	900	90	810
2031	920	92	828
2032	940	94	846
2033	960	96	864
2034	980	98	882
2035	1000	100	900
2036	1020	102	918
2037	1040	104	936
2038	1060	106	954
2039	1080	108	972
2040	1100	110	990
2041	1120	112	1008
2042	1140	114	1026
2043	1160	116	1044
2044	1180	118	1062
2045	1200	120	1080
2046	1220	122	1098
2047	1240	124	1116
2048	1260	126	1134
2049	1280	128	1152
2050	1300	130	1170
2051	1320	132	1188
2052	1340	134	1206
2053	1360	136	1224
2054	1380	138	1242
2055	1400	140	1260
2056	1420	142	1278
2057	1440	144	1296
2058	1460	146	1314
2059	1480	148	1332
2060	1500	150	1350
2061	1520	152	1368
2062	1540	154	1386
2063	1560	156	1404
2064	1580	158	1422
2065	1600	160	1440
2066	1620	162	1458
2067	1640	164	1476
2068	1660	166	1494
2069	1680	168	1512
2070	1700	170	1530
2071	1720	172	1548
2072	1740	174	1566
2073	1760	176	1584
2074	1780	178	1602
2075	1800	180	1620
2076	1820	182	1638
2077	1840	184	1656
2078	1860	186	1674
2079	1880	188	1692
2080	1900	190	1710

PAGE CHARGES:

How many *E. coli* are in this sample? How many *E. coli* are in this sample? How many *E. coli* are in this sample?

TRANSLATION OF RESULTS

[illegible]

AWARDS OF HIGH QUALITY CLASSES: GOLD MEDAL

The second set of 1000 images indicated that the mean of feature space vector in Sangeron 100 is a maximum of 1.1. This suggests that 20–25% of the feature space of vectors of 1000 images is not used in the classification task. In the EfficientNet-B0 network, the number of feature maps in the last layer is 1280.

NORTH CAROLINA FENCIBLE MEMORIAL MUSEUM

According to the 1986 study by H. J. Lin, it is estimated that 7.5 million man-days of labor were involved in the rice production sector in the Philippines. The rice sector is the largest employer of labor in the country, followed by the sugar sector. The rice sector is also the most labor-intensive sector in the country. The sugar sector is the second most labor-intensive sector in the country. The rice sector is also the most labor-intensive sector in the country. The sugar sector is the second most labor-intensive sector in the country.

Abstract

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